Prince Albert Parkland Regional Health Authority
2015-2016 Annual Report

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

LETTER OF TRANSMITTAL

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2015-16 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2016.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including the opening of the daytime model for the Spiritwood Collaborative Emergency Centre, and the installation of a new Computerized Tomography (CT) machine at the Victoria Hospital. The RHA succeeds because of the dedication and commitment of our employees and physicians.

In the Overview section, you will also find images from the 2015 Health Excellence Awards. This annual event, held in May of each year, recognizes the contributions of our employees, physicians, and partner organizations. Nominated by their peers and evaluated by a selection committee, individuals and teams are recognized for Better Health, Better Care, Better Value, and Better Teams. Individuals are also recognized for their Lifetime Achievement and contributions to the health care system, and providing service to the residents of the health region and the province.

We also acknowledge the tremendous support provided to patients, long-term care residents, community clients, families, employees, and physicians by about 3,500 volunteers in programs and facilities in communities throughout the health region.

Respectfully submitted,

B.R. Abrametz

Brenda Abrametz,
Chairperson
Prince Albert Parkland Regional Health Authority

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The Prince Albert Parkland Regional Health Authority annual reports are available online at www.paphr.ca

They are found under About Us—Accountability—Annual Reports

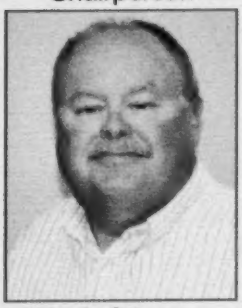
RHA Board of Directors

RHA board members for entire 2015-2016 fiscal year

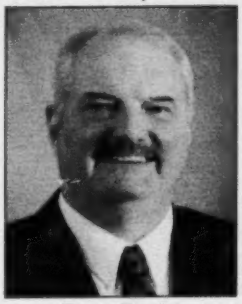
Brenda Abrametz
Chairperson

Bevra Fee
Vice-Chairperson

Shirley Schwab
Member



Hugh Otterson
Member

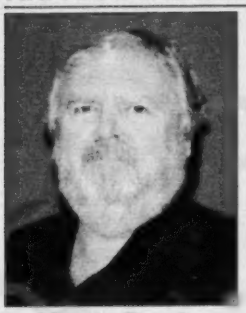


Don Code
Member

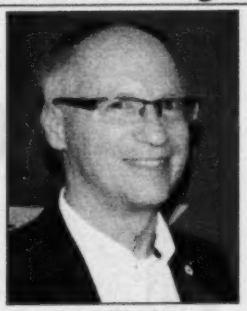
Marcie Kreese
Member

Mona Selanders
Member

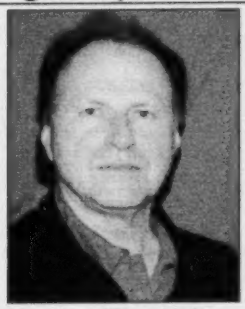
RHA board members for term beginning in September 2015



Mervin Bender
Member



Larry Fladager
Member



Alan Tanchak
Member

RHA board members term ended in September 2015

Jerri Olson
Member

Gerry Osmundson
Member

INTRODUCTION

The purpose of the Prince Albert Parkland Regional Health Authority's (RHA) 2015-2016 Annual Report is to demonstrate accountability to its main funder, the Ministry of Health, as well as the public, and to be transparent about its activities during the fiscal year. The organization is responsible for the preparation and verification of the information contained in this report. Significant portions of the information are taken from regular reports to the board of directors, including updates on the RHA's strategic priorities and performance in achieving key targets set by the Ministry of Health. Other information is from required submissions to the Ministry of Health.

Our Vision

- Healthy Living in Healthy Communities

Our Mission

- The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness, and provide safe, quality health services.

Our Values

- Compassion
- Respect
- Stewardship
- Innovation
- Collaboration
- Patient Safety
- Service Excellence
- Rewarding Work Life

The interpretation of the reporting reflects the best judgment of the RHA's management team, and is based on their involvement in preparing reports and tracking the data for review throughout the fiscal year—for board of directors' meetings and the senior management team's Visibility Wall Walk. Some of the information is from patient surveys, and real-time gathering of data, some of which may be the only source available and may have small data sets or provide only a snapshot of a particular moment in time.

The Strategic Alignment section will demonstrate how the RHA's goals are aligned with the Ministry of Health's Provincial Health Plan. The RHA's plan reflects the provincial priorities, and the regional efforts to support the achievement of the provincial outcomes.

The Overview section discusses Prince Albert Parkland's governance and administrative structure, and strategic priorities for 2015-2016. This section includes information about the RHA's programs and services, including service volumes, as well as information about the RHA's key partners in the delivery of health care services. There are also details about the health of the population and information about risk management priorities.

Prince Albert Parkland will provide information about its Progress in 2015-2016 in achieving goals and targets, showing the RHA's successes and areas where challenges remain. There is information about how the RHA is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology. Prince Albert Parkland demonstrates how it is aligned with provincial priorities. This section is organized using the provincial focus of Better Health, Better Care, Better Value and Better Teams. The following priorities are key areas for access, quality and safety:

- Culture of Safety—By March 31, 2016, Prince Albert Parkland will reduce blood and body fluid exposure (BBFE) incidents by 50 per cent; implement the first three elements of the safety management system; reduce musculoskeletal injuries (MSI) by 25 percent for Registered Nurses and Licensed Practical Nurses at the Victoria Hospital; and reduce accepted WCB injury claims for shoulder and back injuries by 50 per cent.
- Culture of Safety—To reduce suicides, by March 31, 2016 the provincial Suicide Prevention Framework will be implemented in all sectors of the Prince Albert Parkland Health Region.
- Mental Health—Access to mental health services—By March 31, 2016, patient waits for contract and salaried psychiatrists will meet benchmark targets to a threshold of 50 per cent.
- System Flow—Emergency Department wait times—Reduce the lead time for patients assessed at Canadian Triage Acuity Scale (CTAS) 3, 4 and 5 by 50 per cent for March 31, 2015 from previous year for the physician initial assessment. Reduce the wait time for a patient to be admitted from the Emergency Department to an inpatient bed to less than five hours.

Prince Albert Parkland utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the RHA is presenting its financial status accurately. This information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor. The Financial Overview section will provide additional context about the RHA's financial performance.

Appendices in this report include Prince Albert Parkland's organizational chart, a directory of programs, services and facilities, health status indicators, and the payee list for all recipients in excess of $50,000 in the past year (includes employees, suppliers, transfers and other expenditures).

ALIGNMENT WITH STRATEGIC DIRECTION

Putting Patients First
Our Vision
Healthy Living in Healthy Communities.
Our Mission
The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness and provide safe, quality health services.
Our Values
Compassion • Respect • Service Excellence • Patient Safety
Collaboration • Innovation • Stewardship • Rewarding Work Life
Goals
Better Health
Better Care
Better Teams
Better Value
2015-16 Projects
• Mental Health – Improve access for adult and child/youth psychiatry
• Culture of Safety – Suicide Risk Framework, Reduce Workplace Injuries
• System Flow – Emergency Department Flow and Waits
Principles
Client and Family Centred Care • Think and Act as One System • Continuous Improvement • Culture of Safety
PRINCE ALBERT PARKLAND
SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

The Ministry of Health introduced the Saskatchewan Health Plan for 2015-2016, following consultation with the Regional Health Authorities and stakeholders. The plan was developed using the method of Hoshin Kanri, which builds on the Lean management tools to focus organizations on priority areas for improvement.

The provincial health plan is focused on the four enduring goals of Better Health, Better Care, Better Teams and Better Value. The Ministry of Health has identified a number of targets for improvements and broad priorities for achieving those targets.

The Prince Albert Parkland Regional Health Authority, through its own consultation process with management, staff, physicians and partners, developed its own Hoshin Kanri projects to support the provincial goals.

The following Prince Albert Parkland strategic priorities were chosen for 2015-2016 to support the provincial goals for key areas of access, quality and safety:

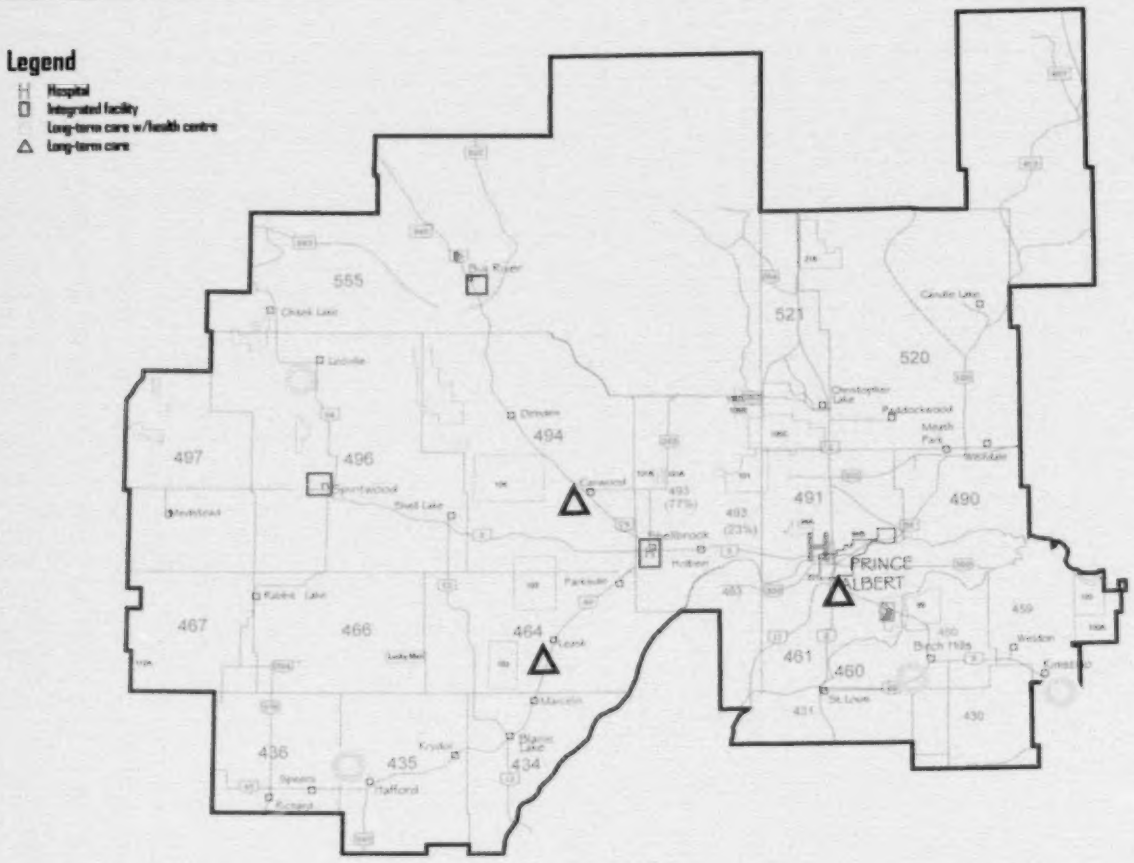
Culture of Safety—By March 31, 2016, Prince Albert Parkland will reduce blood and body fluid exposure (BBFE) incidents by 50%; implement the first three elements of the safety management system; reduce musculoskeletal injuries (MSI) by 25% for Registered Nurses and Licensed Practical Nurses at the Victoria Hospital; and reduce accepted WCB injury claims for shoulder and back injuries by 50%.

Culture of Safety—To reduce suicides, by March 31, 2016 the provincial Suicide Prevention Framework will be implemented in all sectors of the Prince Albert Parkland Health Region.

Mental Health—Access to mental health services—By March 31, 2016, patient waits for contract and salaried psychiatrists will meet benchmark targets to a threshold of 50%.

System Flow—Emergency Department wait times—Reduce the lead time for patients assessed at Canadian Triage Acuity Scale (CTAS) 3, 4 and 5 by 50% for March 31, 2015 from previous year for the physician initial assessment. Reduce the wait time for a patient to be admitted from the Emergency Department to an inpatient bed to less than five hours.

OVERVIEW



Located in central Saskatchewan, the Prince Albert Parkland Health Region covers an area of about 29,000 square kilometres, ranging from Hafford in the southwest to Candle Lake in the northeast, and from Big River in the northwest to Kinistino in the southeast.

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of health-care services for this area and population of 81,641 people (Ministry of Health Covered Population June 30, 2015).

The largest community is the City of Prince Albert, with a population exceeding 45,000. Other communities from which health-services are based include Shellbrook, Birch Hills, Spiritwood, Big River, Leask, Canwood, Leoville, Hafford, Blaine Lake, Candle Lake, and Debden. There are 12 First Nations located within Prince Albert Parkland, with a total on-reserve population of more than 8,700 people.

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. As of March 31, 2016, there are 10 board members. There were changes in the RHA board membership during the fiscal year. They are noted on Page 4.

The board of directors held eight regular meetings in 2015-2016, with six of the eight meetings in Prince Albert in the 2015-2016 fiscal year. One meeting was held in Hafford (June 2015) and one in Candle Lake (September 2016). A regular board meeting originally planned for March 30, 2016 was rescheduled for April 7, 2016.

In addition to the regular meetings, the RHA board held special meetings in Prince Albert in March and July 2015. Background materials for the meetings, including minutes, can be found on the RHA's website (www.paphr.ca).

OVERVIEW

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the RHA's achievement of goals, the results of measurements, and compliance to policy based on strategic goals approved by the board of directors.

The Chief Executive Officer is responsible for the day-to-day management of the organization. With the retirement of two vice-presidents in the past year, there was an opportunity to restructure the senior management team's portfolios. The changes included:

- Reducing the number of Vice-Presidents by one, with the abolishment of the Vice-President of Operations position, and reassigning responsibilities as follows:
  - Pharmacy, Sterile Processing, Laboratory and Diagnostic Imaging to the Clinical Support Services and Quality Performance portfolio
  - Environmental Services, Maintenance, Nutrition and Food Services, Emergency Preparedness and ambulance contracts to the Finance and Corporate Support Services portfolio.
- Reassignment of Home Care to the Primary Health Services portfolio from the Integrated Health Services portfolio.
- Information Technology/Information Management is part of the Finance and Corporate Support Services portfolio.

The organizational chart as of March 31, 2016 is included as Appendix A on Page 59.

Health Excellence Awards
The 2015 Health Excellence Awards recognized seven individuals in May 2015. Back row, from left—Penny Hope (Better Value), Nola Tucker (Better Care). Middle row, from left—John Piggott (Lifetime Achievement), Lesia Balicki (Lifetime Achievement), Betty Skarpinsky (Better Care). Front row, from left—Sherry Robinson (Better Care), Becky Kaptein (Better Care).

The Regional Health Authority has developed a committee structure to further the goals of the Region. Standing committees are the Board Finance Audit Committee and Quality and Safety Committee. The board also has the Practitioner Liaison Council (with physician representation). To assist in receiving community feedback, the RHA assigns board members to attend Primary Care Community Advisory Networks. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services. The board of directors also appoints members to other committees and boards, including North Sask Laundry and Support Services (as one of four RHA owners prior to its dissolution in March 2016), the Victoria Hospital Foundation, and the Shellbrook and Districts Health Services Foundation.

In addition to providing health care services to the population of the Region, Prince Albert Parkland is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

Programs and Services

The Prince Albert Parkland Regional Health Authority provides services to more than 2,000 individuals every day, including long-term care residents, mental health clients, service at home or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner. (Table 1, Page 9)

OVERVIEW

Table 1: Service Volumes—Prince Albert Parkland Regional Health Authority (as of March 31 of the fiscal year)

Program/service area	2015-2016	2014-2015	2013-2014
Laboratory visits—Victoria Hospital	227,541	212,722	205,124
Laboratory visits—Shellbrook Hospital	15,283	14,080	11,415
Laboratory visits—all other rural [1]	14,547	14,555	14,542
X-Ray visits—Victoria Hospital	28,819	26,153	25,203
X-Ray visits—Shellbrook Hospital	3,696	3,184	2,569
X-Ray visits—all other rural [2]	1,450	1,648	1,499
CT visits—Victoria Hospital	8,991	8,240	7,759
CT exams—Victoria Hospital	9,553	8,562	8,138
Acute Care inpatient days—Victoria Hospital	48,558	47,766	47,982
Acute Care inpatient days—Shellbrook Hospital [3]	5,713	6,182	4,994
Emergency department visits—Victoria Hospital	30,092	27,993	27,860
Emergency department visits—Shellbrook Hospital	7,384	7,251	5,477
Ambulatory Care outpatient visits—Victoria Hospital	18,096	17,870	17,422
Operating Room Cases—Victoria Hospital			
Inpatient	1,731	1,652	1,640
Outpatient	3,911	4,046	3,722
Hemodialysis Treatments—Victoria Hospital	7,189	7,188	7,262
Long-term care—resident days (all facilities) [4]	210,227	206,807	204,773
Long-term care—residents per day (all facilities) [4]	574.4	566.6	561.02
Physical Therapy—number of treatments	35,778	34,340	38,072
Occupational Therapy—number of treatments	10,166	10,764	11,516
Speech Therapy—number of treatments	3,921	3,843	3,536
Cardiac and Pulmonary Rehabilitation—number of treatments	11,020	10,462	10,866
Home Care—number of nursing visits	56,926	48,022	40,772
Home Care—number of homemaking visits	104,799	91,972	66,565
Home Care—number of meals	23,685	28,736	29,120
Addiction Services—total new outpatient files	2,124	2,275	2,825
Mental Health Outpatients—total visits (Adult & Youth)	49,456	50,809	48,983
Public Health—total provincially funded vaccinations	10,607	14,639	17,143
Primary Care—total visits at PAPHR clinics [5]	41,820	42,261	39,250

1– All other rural includes Hafford Primary Care Site, Kinistino Health Centre, Birch Hills Health Centre, Big River Health Centre, Spiritwood and District Health Complex

2—All other rural includes Big River Health Centre, Spiritwood and District Health Complex

3—Due to lack of physician on-call resources Shellbrook Hospital had limited acute-care inpatient capacity and emergency room hours from August 1, 2011 to July 29, 2013. Due to lack of Registered Nurses, inpatient capacity was reduced by 5 beds from Dec. 15, 2015 to April 5, 2016.

4—Includes 11 facilities operated by PAPHR and the affiliate Mont St. Joseph. Pineview Terrace gradually expanded capacity by 26 beds during the 2014-2015 fiscal year. Herb Bassett Home has reduced bed availability at times to accommodate renovations.

5—For 2013-14 and 2014-15 included Shellbrook, Spiritwood, Big River, Birch Hills, Leoville, Hafford/Blaine Lake, Kinistino. For parts of 2014-2015 and all of 2015-2016 includes those plus Ahtahkakoop, Big River FN and Candle Lake.

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes.

The Prince Albert Parkland RHA has more than 2,400 employees (2,010.02 full-time equivalents during the fiscal year) working in 24-hour facilities and community-based programs.

The largest facility is the Victoria Hospital, a regional centre that not only serves the residents of the region

OVERVIEW

but is also a major referral centre for secondary specialist services for northern and northeast Saskatchewan. With more than 130 beds (medical, surgical, pediatric, obstetrics, intensive care, palliative) available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

The Prince Albert Parkland Regional Health Authority programs and services also includes:

- The Acquired Brain Injury program (with SGI partial funding) provides support for residential and individual programs. The program provides awareness and education about preventing brain injuries.
- Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region from environmental risks. Programs and services protect the public's health and safety by ensuring:
  - safe food;
  - safe water;
  - safe public swimming pools and recreational water;
  - safe housing;
  - safe residential indoor air quality.
- Access Place, in Prince Albert, provides a variety of services to individuals, including:
  - Testing and treatment for Sexually Transmitted Infections (STIs)
  - Pregnancy testing
  - Hepatitis A, B, and C testing and follow-up care
  - HIV point of care testing and follow-up care
  - Hepatitis B immunizations
  - Referrals to the Hepatitis C and HIV Program, Addiction Programs, Detox, Methadone Program, Physicians, Hospital
  - Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
  - Needle Exchange Program
  - Presentations and in-services on Hepatitis C and HIV and related issues.

Health Excellence Awards—Better Teams

This award was presented to the team members of the Directory Services Department, which includes Switchboard and Admitting staff. The compassion and understanding of the staff shows when assisting a grieving family after the death of a loved one. It is admitting's reasonability to coordinate with the family members for arrangements with the funeral home and the wards where the patient has passed to avoid miscommunication. This team embodies the principles of client-centered care in the work they do in person and on the phone, and that work does not go unnoticed.

Key partnerships

In order to deliver the necessary programs and services, the RHA partners with a number of organizations. The RHA requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region.

The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Regional Health Authority also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for more than 11,700 trips in 2015-2016 (Prince Albert Parkland RHA financial data).

Other community partners include:

- Family Futures provides parent support for the eastern part of the region. Workers provide counseling, referral and emotional support. A new partnership with Family Futures Inc. was established to deliver the outreach component of the Fetal Alcohol Prevention Strategy. Family Futures employs two outreach workers to provide support to at risk families in the childbearing years. Other programs provided under the strategy by this agency include a parenting program and a prenatal clinic at the Family Futures site. The prenatal clinic is operated by a nurse practitioner employed by the health region and a physician from the Prince Albert Cooperative Health Center.

Health Excellence Awards—Better Teams
This award was presented to all the team members of the Therapies Pediatric Early Development Team. This team includes Speech Language Pathologists, Occupational and Physical Therapists and a Social Worker. The members of this team are an example of a truly interdisciplinary team. The team works together to analyze, synthesize, and harmonize the links between their disciplines in order to achieve client-centred care for the children, families and support networks. This team exemplifies what designing a service with the clients' needs at its core looks like in form and practice.

- Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE operates a group home for clients discharged from Mental Health Inpatient unit at the Victoria Hospital. The RHA has enhanced funding to this agency to increase bed capacity at the group home and the addition of recreational and employment preparation services.

- The Prince Albert Branch of the Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills. The RHA also provides funding to CMHA to employ an assisted living worker at their apartment complex in Prince Albert.

- Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites.

- Mobile Crisis Cooperative provides service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.
- The Prince Albert Early Intervention Program delivers the Kids First Community Development program for the rural east side of the region.
- Prince Albert Parkland is also represented by two staff members on the board of directors for the Valley Hill Youth Treatment Centre, which is a non-profit organization that has representatives from the Prince Albert Grand Council and Ministry of Health.

Population health status

Working with community partners, both health care organizations and other human services, are necessary to address the health status challenges of the RHA's population. The health-care challenges are often the result of poor social determinants of health, and require a community-wide effort to assist people in need.

Prince Albert Parkland's population has a higher rate of people who are both overweight and obese than the rest of Saskatchewan. The trend is the same for chronic illnesses such as arthritis, diabetes, asthma, and high blood pressure. (See Appendix C: Health indicators, on Pages 65-68.) Assisting the population

who are struggling with one or more chronic illnesses is a major challenge for the RHA's primary health care providers. Access to services when people are able to attend clinics is a key component of the Primary Health Care strategy. This includes reviewing clinic hours, including later hours during the week and weekend shifts, in RHA operated clinics. It is important for the RHA to work with Health Care Organizations and other human service agencies in order to meet the needs of a vulnerable population.

Prince Albert Parkland is a partner in the City of Prince Albert's Community Mobilization effort, which is led by the Prince Albert Police Services. In addition to the Prince Albert Parkland RHA, the partnership includes representatives of a variety of public organizations from social services, education, justice and health care fields. The Community Mobilization effort is about breaking down barriers between organizations, and working together to find solutions for both specific individuals and the community. There is case management for specific individuals, where partner organizations work together to find solutions and improve both social and health conditions.

The RHA also works with other communities through Primary Health Care Community Advisory Networks or Committees. These networks or committees, which include Prince Albert Parkland staff members and interested community members, continually review and discuss community health-care needs and potential solutions that could utilize the RHA's resources or determine an appropriate resource within the community.

Risk management issues

Similar to other RHAs, Prince Albert Parkland faces challenges for recruitment and retention of health-care providers. The region is continuing efforts to recruit staff to fill all permanent positions, and to address temporary vacancies (for both short and long -term absences) that can affect the availability of services in rural communities in particular.

Prince Albert Parkland also continues to manage capacity issues at Victoria Hospital. With an average daily census of almost 100 per cent, additional staff were often required to ensure patient and staff safety. The RHA continues efforts (including specific improvement events) to improve patient flow, discharge planning and bed management to minimize the impact on patients – both surgical and medical.

Long-service recognition
The Prince Albert Parkland Health recognized physicians for their service at an event in June 2015. Recognized for their years of service were, from left, Dr. Peter Rieben (40 years), Dr. Tor Mokleby (40), Dr. Lalita Malhotra (35), Dr. Tilak Malhotra (35), and Dr. Brenda Hookenson (35). Physicians were recognized for their years of service from five years and up in five-year installments.

PROGRESS IN 2015-2016

Putting Patients First

better health • better care • better value • better teams

The Progress in 2015-2016 discusses the Prince Albert Parkland Regional Health Authority's efforts to meet both provincial and regional targets for quality, cost, delivery, safety and morale. Information in this section will address the overall provincial goals and targets, as well as regional priority projects and service lines. The Minister of Health and the Regional Health Authorities set targets and goals based on the themes of Better Care, Better Health, Better Value and Better Teams.

- Better Health Strategy—Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.
- Better Care Strategy—In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.
- Better Value Strategy—Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.
- Better Teams Strategy—Build safe, supportive and quality workplaces that support patient- and family -centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

For 2015-2016, Prince Albert Parkland identified three priority projects, or Hoshins:

- Culture of Safety—By March 31, 2016, Prince Albert Parkland will reduce blood and body fluid exposure (BBFE) incidents by 50%; implement the first three elements of the safety management system; reduce musculoskeletal injuries (MSI) by 25% for Registered Nurses and Licensed Practical Nurses at the Victoria Hospital; and reduce accepted WCB injury claims for shoulder and back injuries by 50%.
- Culture of Safety—To reduce suicides, by March 31, 2016 the provincial Suicide Prevention Framework will be implemented in all sectors of the Prince Albert Parkland Health Region.
- Mental Health—Access to mental health services—By March 31, 2016, patient waits for contract and salaried psychiatrists will meet benchmark targets to a threshold of 50 per cent.
- System Flow—Emergency Department wait times—Reduce the lead time for patients assessed at Canadian Triage Acuity Scale (CTAS) 3, 4 and 5 by 50% for March 31, 2015 from previous year for the physician initial assessment. Reduce the wait time for a patient to be admitted from Emergency Department to an inpatient bed to less than five hours.

The Regional Health Authority also had three service lines: Emergency Department and Acute Care Flow; Primary Care—Mental Health and Addiction Services; and Surgical Services. The service lines and hoshins are where most of the major quality improvement activities took place in 2014-2015.

This section will outline the RHA's efforts to meet provincial targets, the challenges that remain, and plans to meet targets that have not yet been met. The information is from regular reporting processes that include data and analysis from reports to the RHA board of directors, quarterly reviews, visual daily management, regional management visibility walls, and reports to the Ministry of Health. This section will demonstrate the alignment between the RHA's efforts with the specific Ministry of Health's five-year outcomes and improvement targets.

PROGRESS IN 2015-2016

Outcome Measure

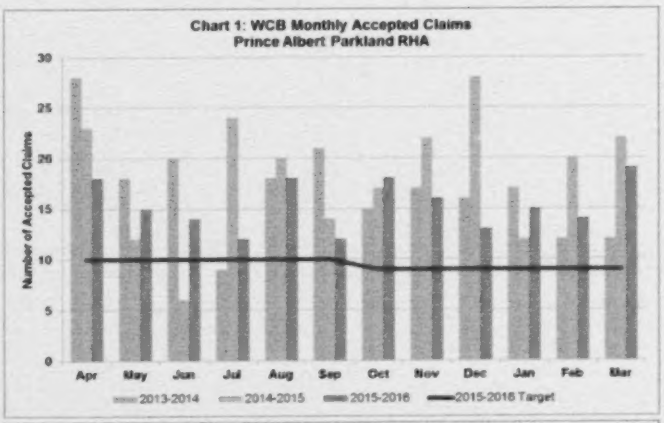
- To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

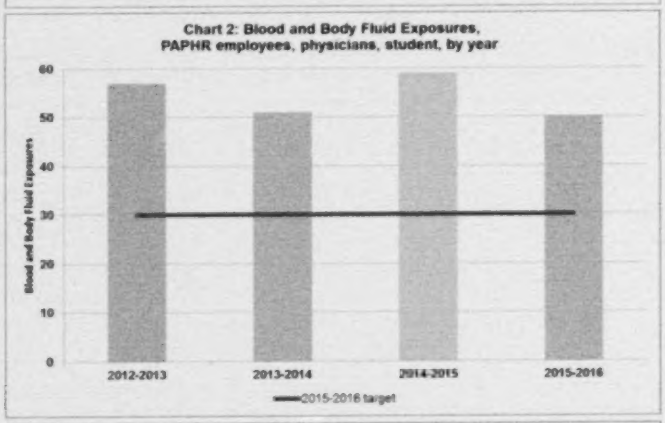
Improvement targets

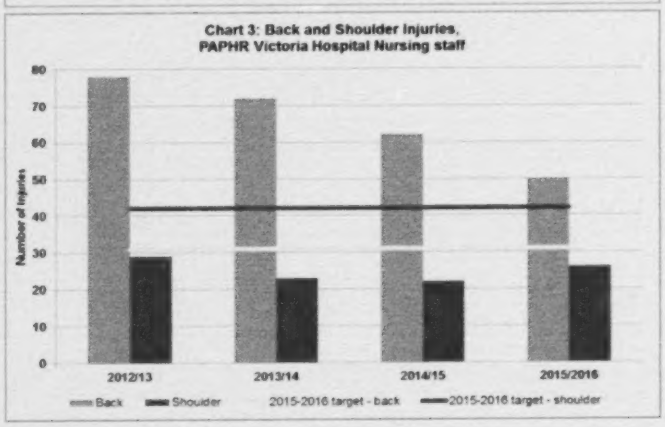
- By March 2018, fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan.
- By March 31, 2018, all regions and the Cancer Agency will implement the six elements of the Safety Management System. (SMS)
- By March 31, 2019, all regions and the Cancer Agency receive a 75 per cent evaluation score on the implementation of the elements of the Safety Management System.
- By March 2019 there will be zero shoulder and back injuries.

Prince Albert Parkland strategic priorities

- Culture of Safety—By March 31, 2016, Prince Albert Parkland will reduce blood and body fluid exposure (BBFE) incidents by 50%; implement the first three elements of the safety management system; reduce musculoskeletal injuries (MSI) by 25% for Registered Nurses and Licensed Practical Nurses at the Victoria Hospital; and reduce accepted WCB injury claims for shoulder and back injuries by 50%.
- Culture of Safety—To reduce suicides, by March 31, 2016 the provincial Suicide Prevention Framework will be implemented in all sectors of the Prince Albert Parkland Health Region.







To promote a Culture of Safety, the Prince Albert Parkland RHA has undertaken specific initiatives aimed at improving safety for patients and employees.

The RHA's Human Resources department has been leading efforts to implement the Safety Management System. This program is to ensure the RHA has the proper policies and procedures in place, along with training for staff members, to reduce the risk of injuries. The program also has tools to review incidents and determine corrective action plans to avoid repeated incidents.

Prince Albert Parkland has not been able to meet targets for overall injury reduction, or for specific incidents that result in blood and body fluid exposure, or shoulder and back injuries for nursing staff. (See Charts 1-3, Pages 14)

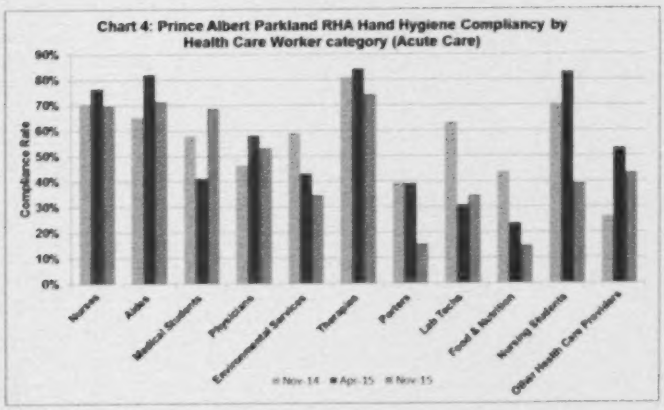
In an effort to meet this strategic priority, one action includes the continued roll-out of Safety Management System, all elements in all facilities in the health region, with a goal to achieve a 75 per cent audited result in one target site (Parkland Integrated Health Centre in Shellbrook) by March 31, 2017.

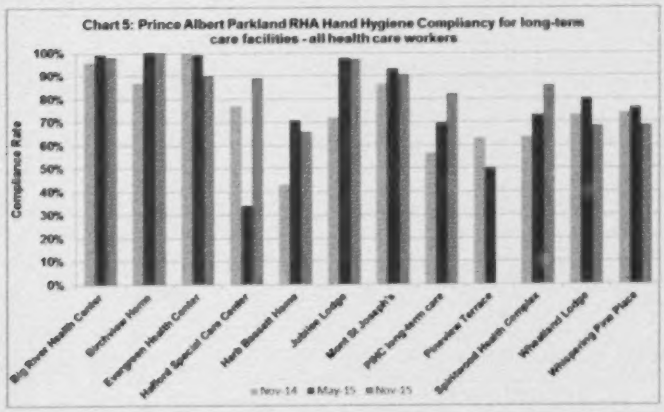
Prince Albert Parkland's Quality Management and Occupational Health, Safety and Wellness department worked alongside an inter-regional working group and with the Health Quality Council to prepare the ground for province-wide work around a Safety Alert/Stop the Line (SA/STL) System. Groundwork included the completion of a Patient Safety Culture Survey (also a requirement of Accreditation

PROGRESS IN 2015-2016

Canada). This survey will be used to gauge improvement pre- and post-implementation of a regional SA/STL system. A Safety Alert Bulletin for staff was also trialed in the 2015-2016 fiscal year, and will continue as a monthly release. Standard Work pertaining to incident reporting and responsiveness (a workflow) for front line staff, managers, and senior leaders, was developed in draft form.

As part of the 2015-2016 strategic planning cycle, Safety was identified as a potential Hoshin for 2016-2017. Planning involved how to build upon the groundwork from this fiscal year, and how to incorporate some ready-made educational materials developed by the provincial working group. Patient and Family Advisors who might contribute to the ongoing roll-out of SA/STL were also identified.





As part of this focus on safety, Victoria Hospital Level 4 Surgical Unit has been identified as the test unit where targeted education and roll-out of Stop the Line will occur. More intensive work will be done with the Level 4 nursing and support staff. Targets include an increased number of "near miss" versus actual reports of unusual incidents. Ease of reporting and a closed feedback loop to report writers are also aims of the work on this test site during 2016-17. Roll-out to the entire region will continue in the following year, supporting the province wide goal to achieve zero harm to patients and staff by March 31, 2020.

In addition to the provincial targets, the Prince Albert Parkland RHA has been focusing on hand hygiene in an effort to reduce the risk of transmitting infections for patients, staff members, physicians, and guests in the RHA's facilities and community programs.

Hand hygiene audits took place in April and November 2015. The results are showing some improvement in the complete use of proper hand hygiene techniques (Charts 4 -5, Page 15). It is important to note from the audit that the percentage only considers someone using the proper techniques for the minimum proscribed time as successful.

The implementation of a Safety Alert/Stop the Line system will be a strategic priority for the 2016-2017 fiscal year, aiming at a transparent culture of safety for all employees and patients alike, and in the elimination of harm.

In addition to those targets, the RHA has been doing training and audits to ensure suicide prevention screenings tools are being implemented and used. Mental Health Inpatients, Mental Health Outpatients, Addiction Services, Access Place (Sexual Health Clinic), Therapies, and Public Health Nursing have made strong progress in training and implementation. Audits for use of the screening tool are being developed and will be reporting on the units starting in the next fiscal year.

Some programs and facilities have struggled to fully implement the tool. Work is underway in those areas to ensure that anyone identified as at risk for suicide is identified, provided support and appropriate referrals. This includes some acute care inpatient units, primary care sites, long-term care, and Home Care, where some existing tools are being adapted to include this information in the electronic health record.

PROGRESS IN 2015-2016

Outcome Measure

- By March 31, 2019, there will be a 60% reduction in Emergency Department (ED) wait times.

Ministry of Health Hoshin

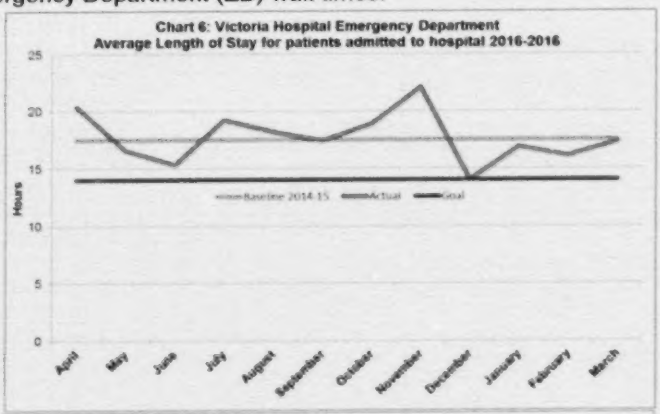
- By March 31, 2016, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <=17.5 hours.

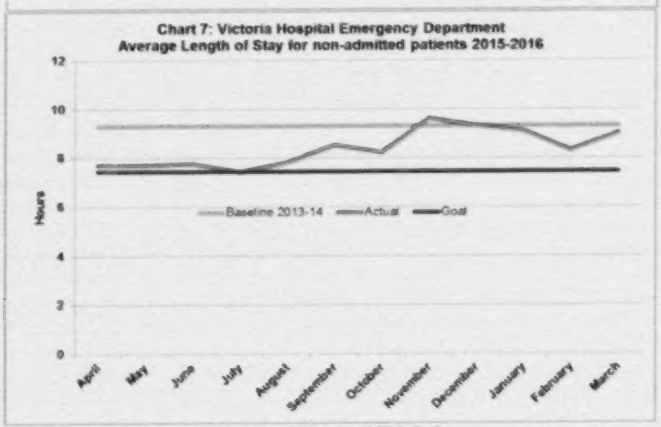
Improvement targets

- By March 31, 2016, the length of stay (LOS) in the ED for 90% of admitted patients will be <= 22.3 hours (from the time a patient arrives in the ER to the time they are admitted to a bed). (Chart 6, Page 16)
- By March 31, 2016, the LOS in the ED for 90% of Non-Admitted patients will be <= 5.9 hrs. (Chart 7, Page 16)

Prince Albert Parkland Strategic Priority

- System Flow—Emergency Department wait times—Reduce the lead time for patients assessed at Canadian Triage Acuity Scale (CTAS) 3, 4 and 5 (urgent, less urgent, non-urgent) by 50 per cent for March 31, 2015 from previous year for the physician initial assessment. Reduce the wait time for a patient to be admitted from ED to an inpatient bed to less than five hours. (Charts 8-10, Page 17)





In 2015-2016, and in prior years, several initiatives were undertaken to address System Flow and Emergency Department wait times. One initiative including an additional ED physician shift being added for peak hours. This was implemented during the 2014-2015 fiscal year, and is fully funded by the Ministry of Health. There has been a reduction in the wait times since the 3rd physician has been added in November 2014. CTAS 3 wait time to see a physician average dropped from 90 minutes triage to physician time to 68.8 minutes.

Several different initiatives have come together to result in better care and discharge planning, and an improved experience for patients on Victoria Hospital's Level 6 medical unit. A number of changes were required to improve the discharge process for Level 6 patients. It began with a Rapid Process Improvement Workshop (RPIW) in February 2015. Prior to the RPIW, there were several problem areas identified that were barriers to a timely and efficient discharge process for patients, families, staff members and physicians.

There was ineffective or a lack of communication between providers and patients/families. Patients were often confused as to who their care team was and who did what. There was also poor communication and not enough education about how to use tools that would help manage discharge planning, and better predict discharge dates. The RPIW implemented several changes to improve communication, and also included a training and education plan for staff members and physicians.

The use of "Patient Status at a Glance" boards was better defined. Daily bedside rounds were initiated with nursing and the patient care coordinator (PCC), and included patients (and family when wanted and required). Communication with patients and families was also improved by the use of bedside boards in every patient room & a *Key to your care guide* (defines who's who for patients). Standard Work and Work Standards, and an education binder were also developed for staff members.

The RPIW started the process to improve discharge planning and achieved the planned discharge date. There is now early and frequent communication with patient and family about their plan of care, and a better understanding of who their providers are and their roles.

PROGRESS IN 2015-2016

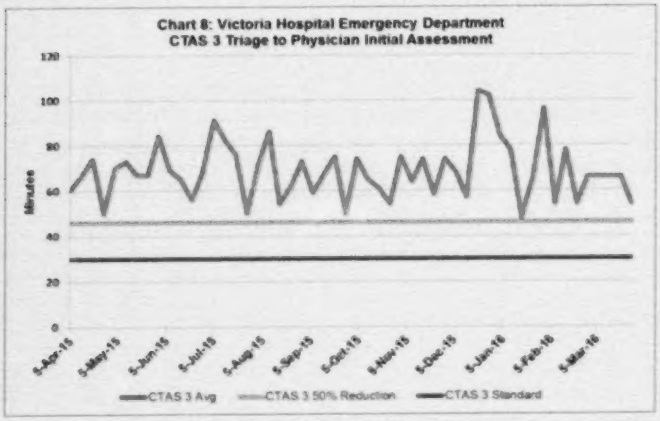


Chart 8: Victoria Hospital Emergency Department
CTAS 3 Triage to Physician Initial Assessment
Minutes
CTAS 3 Avg
CTAS 3 50% Reduction
CTAS 3 Standard

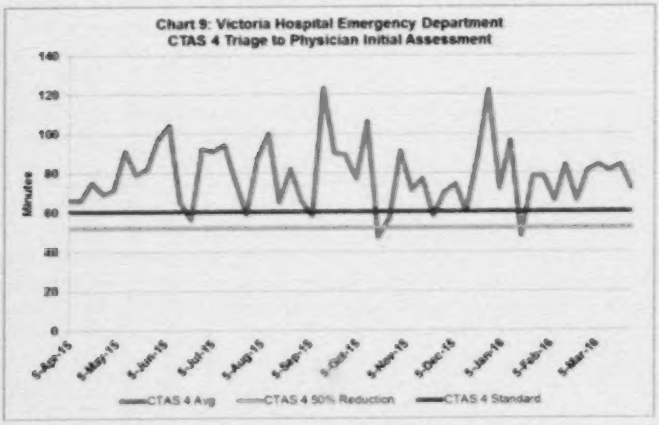


Chart 9: Victoria Hospital Emergency Department
CTAS 4 Triage to Physician Initial Assessment
Minutes
CTAS 4 Avg
CTAS 4 50% Reduction
CTAS 4 Standard

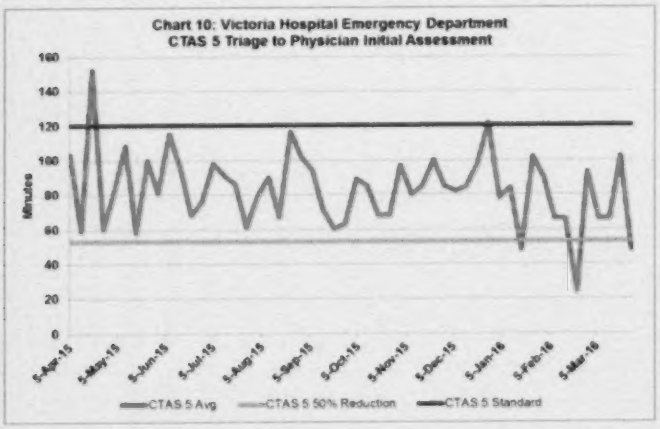


Chart 10: Victoria Hospital Emergency Department
CTAS 5 Triage to Physician Initial Assessment
Minutes
CTAS 5 Avg
CTAS 5 50% Reduction
CTAS 5 Standard

At about the same time as the RPIW, there was training in the Real Time Demand Capacity for the nursing unit managers at Victoria Hospital. The focus was on predicting the bed needs, and how to ensure the unit and the hospital would have capacity. This included noting planned discharge dates, and utilizing current and historic admission patterns. Multi-disciplinary rounds were initiated on the medical and surgical units. They would involve nursing, patient care coordinators, pharmacy, occupational therapy, physical therapy, respiratory therapy, and others as needed to plan for discharges.

A new electronic tool for the inpatient units, Sunrise Clinical Manager (SCM), improved communication and flagged tasks, and introduced electronic clinical documentation. The electronic tool not only provides updates on status for the patients, but nurses and other providers can access notes and other information (lab results, etc.). SCM has been used in the Emergency Department for triage purposes for several years. It rolled out to the inpatient medical and surgical units in 2015.

Bedside rounding began in the fall of 2015 on the three adult inpatient units (Victoria Hospital Levels 4, 5 and 6). Each unit goes at different times, but the goal is the same – review the care plan for the patient, identify areas of concern, and prepare for the patient" discharge. This can include use of the D-minus system, where a discharge date is set, and the care planning includes milestones required to meet the discharge date.

One of the challenges to achieving the targets was the significant demand for inpatient admissions throughout the fiscal year. The Victoria Hospital was frequently over normal capacity for inpatient units, which created challenges for system flow in the Emergency Department. The over capacity has resulted in an average daily census exceeding 100 per cent of normal capacity for the three adult inpatient units (Levels 4, 5 and 6).

Code Burgundy (over normal capacity) affects flow through the Emergency Department. Code Burgundy is utilization of a process when the Victoria Hospital has reached 10 people admitted and waiting for a bed in a room on the inpatient units. Code Burgundy was called at total of 80 days during 2015-2016. The is a small reduction to the trend in the last quarter of 2014-15 which saw 30 days of Code Burgundy in three months.

The RHA, with support from the Ministry of Health, added to the Home First Initiative in October 2015. Elements of the Home First initiative are to help transition patients to home more quickly if they are admitted to hospital, as well as help identify supports available to avoid admissions in the first place.

A key factor in helping individuals go from hospital patient to home is ensuring Home Care can provide assessments of needs on a more timely basis. The transition from being a hospital inpatient to a home care client is now smoother and quicker after a new assessment process was adopted after a Rapid Process Improvement Workshop. The Home First Nurse and Assessor are using a shorter assessment process for new referrals to the Prince Albert Parkland Health Region Home Care program.

PROGRESS IN 2015-2016

The Resident Assessment Instrument – Contact Assessment (RAI-CA) is being used as opposed to a longer and more comprehensive assessment called, Resident Assessment Instrument – Home Care, (RAI -HC). The process change decreased the initial assessment time from one hour 45 minutes to just 60 minutes, and allows for a follow up visit within a month.

Both of the assessments, RAI-HC and RAI-CA, are tools used all over the world and have been proven to be very reliable and comprehensive. As the assessment is being done and all the information is gathered, the electronic tool takes the information and alerts the assessor to what the client's unmet needs are (eg: unresolved pain, risk for falls, or depression). A care plan is then developed from this information about the client.

In this situation, the RAI-CA is used because the client needs services set up quickly. This assessment is shorter, but still gives the assessor enough information about the urgency of the service and what may be required initially. The assessor will then go back within a 30 day window and do the complete RAI-HC if necessary to continue services.

In addition to a shorter assessment, the team also created a Work Standard, accompanied by training for nursing staff, to ensure all documents are placed in main charts upon completion. Following this Work Standard has decreased rework and walking while looking for information, including the need to check Procura (the electronic medical record for Home Care clients).

Before these improvements, variations in processes between providers caused long waits for clients to receive home care services. The RHA's Home Care services have been able to sustain the gains of this improvement work through a robust audit process and have incorporated these process changes into their daily work.

Other initiatives undertaken in 2015-2016 included:

- Standard order sets including pain protocol to be utilized by all Emergency Department physicians.
- Introduction of Stroke Pathway will require introduction of further order sets and education.
- Implementation of Nurse Practitioner in Home Care to link those patients with repeat Emergency Visits with Chronic Obstructive Lung Disease is underway.

Mental Health courtyard rejuvenation
Brett Enns, Vice-President Primary Health Services, speaks at the grand opening of the new courtyard to support Mental Health inpatients, which was possible because of support from volunteers and businesses in Prince Albert. Hilary Phillips was the horticulturist who put many hours and helped with the design and getting the courtyard together. Trenching was done along the fence to add Virginia creepers, trees, flowers and shrubs, added a whole new courtyard with a garden. The courtyard features a life size checkers game board and many beautiful wood furniture from Kin Workshop. The Prince Albert Elks Club donations supported the construction of the courtyards and 51 indestructible frames for the hallway leading into the Mental Health unit to hang clients' art work.

Outcome measure

- By March 2019, there will be increased access to quality mental health & addiction services and reduced wait time for outpatient and psychiatry services.

Ministry of Health Hoshin

- To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists 50% of the time, and triage benchmarks for outpatient mental health and addiction services 85% of the time.

Improvement targets

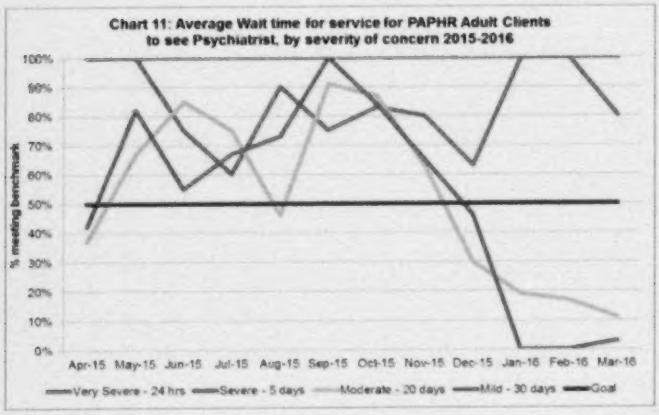
- By March 31, 2016, meet triage benchmarks for outpatient Mental Health and Addiction services 85% of the time.
- By March 31, 2017, meet triage benchmarks for outpatient Mental Health and Addiction services 100% of the time.
- By March 31, 2016, a defined, staged implementation plan for the Mental Health and Addiction Action Plan is developed.

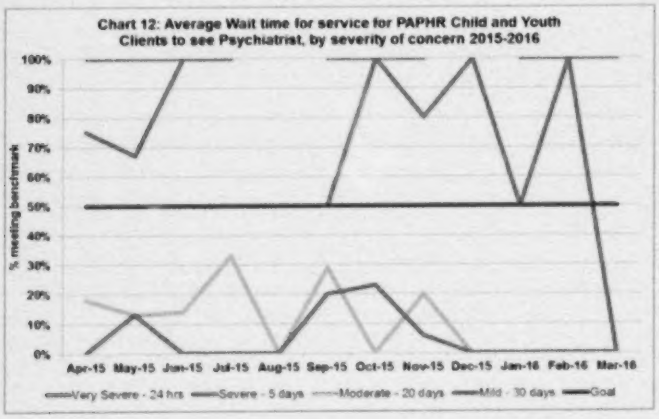
PROGRESS IN 2015-2016

Prince Albert Parkland Strategic Priority

- Mental Health—Access to mental health services—By March 31, 2016, patient waits for contract and salaried psychiatrists will meet benchmark targets to a threshold of 50 per cent.

The Prince Albert Parkland RHA is meeting benchmarks for services based on severity of concern in Addictions Services and Mental Health Outpatients, other than for clients seeing a psychiatrist.





The RHA was meeting benchmarks for adults seeing a psychiatrist for most of the 2015-2016 fiscal year (Chart 11, Page 18). However, a reduction in the availability of psychiatrists has resulted in benchmarks not being met for those with moderate or mild concerns. A retirement of one psychiatrist, along with another working reduced hours, was the main cause of the benchmarks not being met.

The RHA has met benchmarks for child and youth clients with very severe or severe concerns (Chart 12, page 18) for most of the fiscal year. The RHA has not been able to meet benchmarks for Moderate or Mild concerns. The RHA has one dedicated child psychiatrist, which limits the availability to respond in a more timely fashion. Children and youth clients are also seen by other psychiatrists; however, the data is only collected for the dedicated child psychiatrist. The RHA is exploring options to increase service capacity.

In addition to working toward meeting the targets to, a Rapid Process Improvement Workshop (RPIW No. 41) was held to help ensure safe flow of mental health clients and necessary information for patients presenting at the Victoria Hospital Emergency Department triage to admission to the mental health inpatient unit.

Clients with a mental health concern requiring inpatient admission presenting to the Emergency Department had experienced a markedly different flow than clients presenting with a physical health concern. Handoffs between the departments involved were inconsistent and frequently there were insufficient to provide safe care to the client upon admission.

During the RPIW week a variety of initiatives to improve patient care were tested. This included:

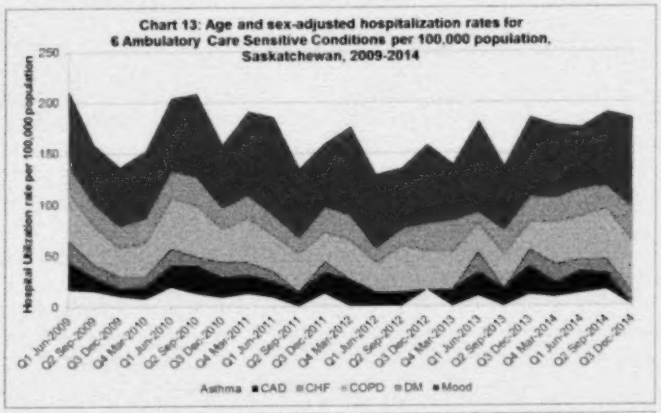
- Nursing mental health flow sheet developed to guarantee client's consistent nursing care during their Emergency Department stay.
- Admission checklist developed to ensure all correct information is included when clients are transferred between Emergency Department and mental health
- Family and client information pamphlet developed for use in Emergency Department and inpatient mental health unit.
- Standard order set developed for use when clients admitted from Emergency Department to inpatient mental health.
- New client pickup process guarantees a commissionaire is involved in every transfer and that more care staff remain on the inpatient unit.

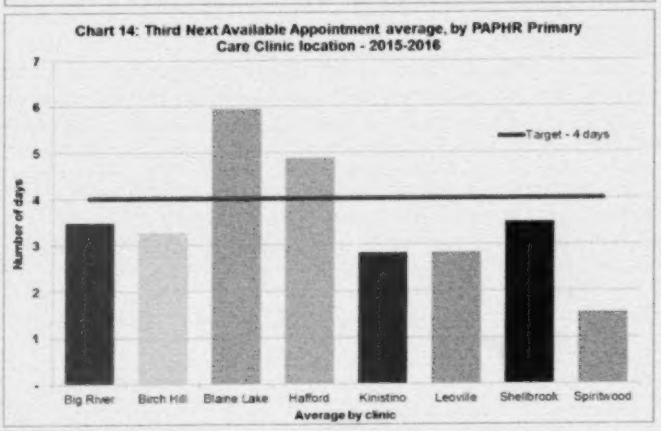
The RPIW resulted in mental health clients in the Emergency Department receiving benefitting from improved communication. New order sets allow for a smooth transition of care for clients, and there is better preparation of clients and their family for admission to the mental health inpatient unit. The results of the RPIW will continue to be audited to ensure the gains made during the week are maintained.

PROGRESS IN 2015-2016

Another initiative was the result of RPIW No. 38, which focused on developing a goal oriented processes for individual in Mental Health Outpatient counselling that ensures inclusion of the Termination Phase of therapy. The Mental Health Outpatient unit did not have a standard process for clients with complex mental health needs to be empowered to leave care and have a safety plan with the knowledge to re-engage in care should they need to.

Work standards were created to ensure a consistent approach by therapists for the care of clients with complex mental health needs to include: service agreements for all new clients; changing services plan for clients as needed; and, a process to ensure timely provision of a single session relapse appointment for those clients in need of this care. Clients now have a written safety plan (including community resources and emergency services available) in place when counselling services end, and they will also have knowledge about how to re-engage in care if this is needed. The results of the RPIW will continue to be audited to ensure the gains made during the week are maintained.





Outcome measure

- By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (diabetes (DM), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), depression (mood), congestive heart failure (CHF) and asthma)).

Improvement targets

- By March 2017, there will be a 50% improvement in the number of people who say "I can access my PHC Team for care on my day of choice either in person, on the phone or via other technology".
- By March 31, 2020, 80% of patients with 6 common chronic conditions (diabetes (DM), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), depression (mood), congestive heart failure (CHF) and asthma) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMRs) and the eHR viewer.
- By March 31, 2016, TBD% of patients with 4 common chronic conditions (DM, CAD, COPD, and CHF) are receiving best practice care as evidenced by the completion of provincial flowsheets available through approved EMRs and the eHR viewer. *Note: no target was provided

As of December 2014, the total hospitalizations (provincial results) have decreased 6.71 per cent from baseline. Five of the six chronic conditions have shown a decrease. Hospitalizations for COPD have increased over the past 5 quarters. (Chart 13, Page 20, NOTE – lag in hospital data – December 2014 most recent data).

For Prince Albert Parkland RHA, there has been a decrease in hospitalizations for Asthma, Coronary Artery Disease and Congestive Heart Failure and an increase in hospitalizations for COPD, Diabetes and Mood Disorders.

As of March 31 2016, provincial results showed that:

- 658 providers (GPs and NPs) were enrolled in CDM-QIP
- 38,280 patients living with Diabetes, Coronary Artery Disease, Heart Failure, COPD or multiple of these conditions had CDM-QIP flow sheet data in the CDM repository

No Regional Health Authority-based results are available at this time.

PROGRESS IN 2015-2016

The Prince Albert Parkland RHA has seen a stable physician workforce, particularly for rural family physicians, during the 2015-2016 fiscal year. The addition to two rural locum physicians has also eased challenges in ensuring both regular primary care clinics and emergency department coverage at the Parkland Integrated Health Centre in Shellbrook.

This stability is reflected in the primary care access in rural communities. Patients are able to get an appointment more quickly than in previous years, with only two communities (Blaine Lake and Hafford) continuing to struggle. In those communities, a vacancy for a nurse practitioner position affected the availability of appointments. (Chart 14, Page 20).

In September 2015, the RHA, with funding support from the Ministry of Health, opened the first phase of a Collaborative Emergency Centre (CEC) at the Spiritwood and District Health Complex. The purpose of a CEC is to help shorten wait times and reduce emergency room visits for patients while providing a better work-life balance for health care providers. Spiritwood is one of five CECs in Saskatchewan.

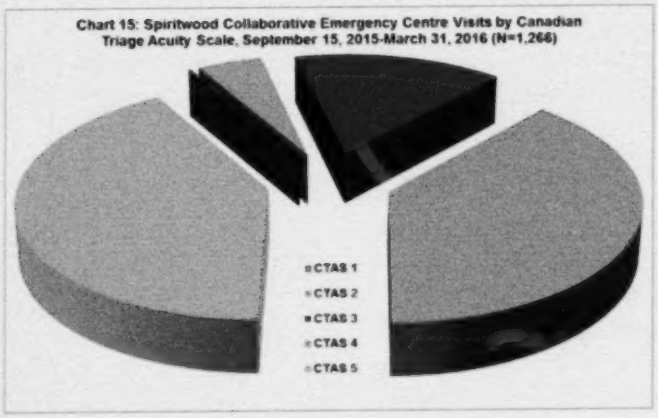


Chart 15: Spiritwood Collaborative Emergency Centre Visits by Canadian Triage Acuity Scale, September 15, 2015-March 31, 2016 (N=1,266)
CTAS 1
CTAS 2
CTAS 3
CTAS 4
CTAS 5

The Spiritwood CEC day-time model has a physician or nurse practitioner available during the following hours for appointments or urgent/unexpected health concerns:

- Monday to Friday – 8 a.m. to 8 p.m.
- Saturday – 8 a.m. to 4:30 p.m.

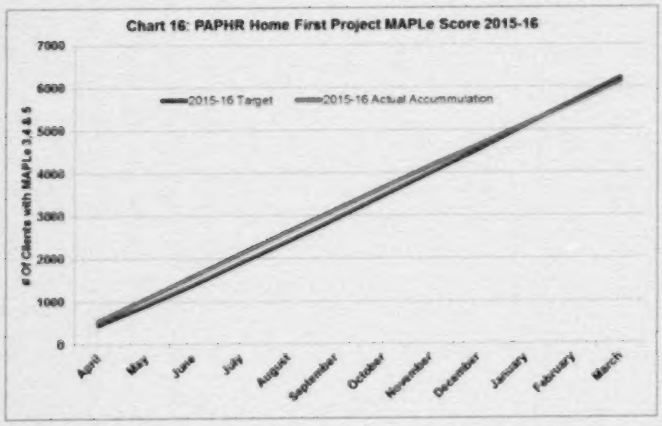
A registered nurse is available for urgent/unexpected health concerns:

- Saturday – 8 a.m to 8 p.m.
- Sunday and Statutory Holidays – 8 a.m. to 8 p.m.

About 80 per cent of the visits to the CEC are for less urgent and non-urgent concerns (CTAS 4 & 5, Chart 15, Page 21). There are also fewer visits to the CEC on weekend days than during the week.

Due to the volume of patients, the provider working in the CEC after 4:30 p.m. is also taking primary care appointments. For March 2015, 56 per cent of patients were walk-ins, while 44 per cent were booked appointments. Having some booked appointment times available on evenings and weekends (Saturdays), does ensure the best use of health care provider resources. It also assists in ensuring timely access to primary health care services.

The CEC's night-time model (using a Registered Nurse and Paramedic) has not been implemented due to staffing challenges. The RHA continues to work towards a full 24-hour CEC.



Outcome measure

- By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

Improvement targets

- By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.

The number of clients with MAPLe scores of 3,4,5 (higher needs clients) is pulled from each RAI-Home Care that is completed. The RHA was meeting the target until February and March 2016.

PROGRESS IN 2015-2016

A root cause analysis for this is the RAI-Contact Assessment (RAI-CA) was introduced from the Ministry of Health as a quicker, and more efficient way to set up service for Home Care clients. However, the RAI-CA does not generate MAPLe scores.

The process for assessors is to complete a RAI-Home Care within 30 days or sooner after the RAI-CA is done. Prince Albert Parkland's assessors began to use this tool more frequently; therefore, the numbers of people in the community with MAPLe scores of 3, 4, 5 living in the community are not reflected in the data until the RAI-HC is completed. The RHA was short 80 people with a MAPLe scores of 3, 4,5 living in the community (Chart 16, Page 21). There were 350 RAI-CAs completed, with none showing a MAPLe score. The change in initial forms was discussed in more detail earlier in this section (Pages 17-18).

Outcome measure

- By March 2018, 80% of clinicians in 3 selected clinical areas within one or more service lines will be utilizing agreed upon best practices.

Improvement targets

- By March 31, 2016, at least one clinical area within a service line will have deployed care standards and will be actively using measurement and feedback to inform improvement.

The Prince Albert Parkland RHA has representatives on a variety of provincial groups that are working towards finalizing care standards. The RHA has been supportive of the Hip and Knee Pathway (for total joint replacements), and the Stroke Pathway. The Hip and Knee Pathway exceeded its target for patients, with a total of 238 patients seen in the RHA's multi-disciplinary clinic. The Ministry of Health had set a target of 231 patients for Prince Albert Parkland.

Outcome measure

- By March 31 2017, all infrastructures (information technology, equipment & facilities) will integrate with provincial strategic priorities, be delivered with a provincial plan and adhere to provincial strategic work.
- Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

Improvement Targets

- By March 31, 2016, have delivered results on 3 high impact capital areas that address high risk for critical failure using alternative funding /delivery options.
- By March 31, 2016, common criteria and options for investing are used to vet all capital investments.
- All health system partner organizations will be in a balanced or surplus year-end financial position in 2015-16.
- Shared services activities will produce $10M net new savings in 2015-16.

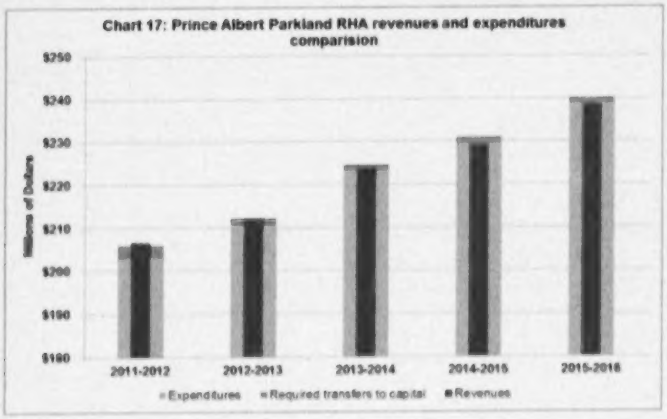
Victoria Hospital redevelopment planning
Betty Skarpinsky, second from left, points out a part of the 3-D model for the Intensive Care Unit team members during a 3P (production preparation process) planning session for the Victoria Hospital redevelopment. The session involved staff members, physicians, and patient advisors. The Government of Saskatchewan has been provided a planning proposal for consideration.

The Prince Albert Parkland RHA board of directors approves an annual capital equipment and capital management plan based on available resources. Funds, including Ministry of Health targeted funding, foundation and other donations, and some of use of capital reserves, as utilized to purchase equipment based on priorities to ensure patient and staff safety, and enhancing capacity.

Prince Albert Parkland continued to plan for the redevelopment of the Victoria Hospital. Funding was provided in 2014 to begin 3P (production preparation process) planning. It uses Lean principles focusing

on the flows and wastes in a facility to develop an optimal design. Designs were developed using table-top 3D models of the space layout, as well as large scale mock-ups of, for example, patient rooms.

The first 3P session, held in March 2014, was focused on the emergency department, operating rooms, recovery room, day surgery, diagnostic imaging, and the front entrance area of the Victoria Hospital. The second 3P session was in January 2015, with teams designing new areas obstetrics and nursery, dialysis, chemotherapy, ambulatory care, laboratory and pharmacy. The third 3P session was held in May 2015 focused on the in-patient areas of the Victoria Hospital and the Adult Mental Health In-patient Unit. In addition, Rehabilitation Services, Nutrition Services and support areas such as Maintenance, Environmental Services and Information Management/Technology have been key participants in this last 3P. A small group of staff members were involved in an event in August 2015 to address unresolved issues between a few departments. A final group was brought together in September 2015 to look at the overall plan. Some changes were made regarding location of different departments.



A proposal based on the 3P (production preparation process) events has been submitted to the Government of Saskatchewan for consideration.

In March 2015, the RHA board of directors approved the construction of a new housing project for students and locum physicians. The funds were allocated from the sale of the former Pineview Terrace site. The new complex will be located on the Victoria Hospital site. It is expected that it will begin being used early in the 2016-2017 fiscal year.

The RHA finished the year with an operating deficit. It is the fourth time in the past five years (Chart 17, Page 23) that the RHA has had an operating deficit. The Financial Overview section, beginning on Page 25, provides more details about the RHA's financial status. The "Required transfers to capital" is funding designated for capital needs that is initially provided in the operating funds from the Ministry of Health.

Outcome measure

- By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

Improvement Targets

- By March 31, 2016, the provincial framework for an appropriate referral to specialists or diagnostics will be implemented in at least four new clinical areas within two service lines.

Prince Albert Parkland RHA has two appropriateness projects in progress. The first will be moved forward with an RPIW early in the 2016-2017 fiscal year. It's goal will be to improve patient care by eliminating inconsistencies in booking special diagnostic procedures from physicians' offices.

The second initiative is an appropriateness project, being led by Senior Medical Officer Dr. Cecil Hammond. The goal is to reduce the number of inappropriate Computerized Tomography (CT) scans of the head ordered by primary care practitioners; this will expand to other body areas by 2019. This project was in the final development stages, and is expected to demonstrate results in the 2016-2017 fiscal year.

PROGRESS IN 2015-2016

Celebrating employees
Prince Albert Parkland recognized its recent retirees for their commitment to quality, safe and compassionate care at banquet in November 2015. More than 30 retirees were recognized for hundreds of years of working in health care.

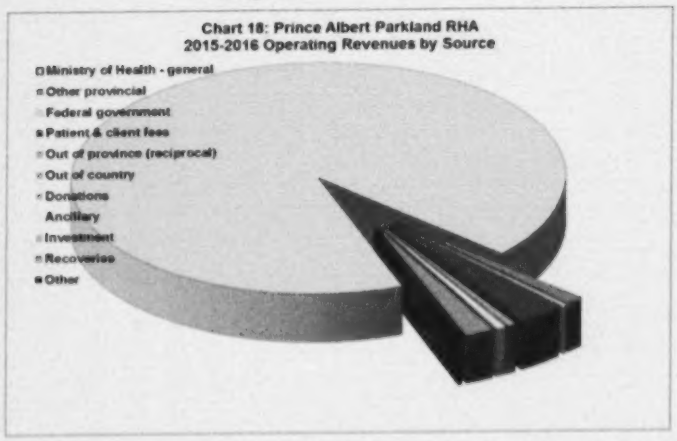
Celebrating volunteers
A tree planting was held in April 2015 in honour of National Volunteer Week. Participants were from left, Sharan Kaur, Volunteer Services Coordinator; Sonya Jahn, Director of Volunteer Services Prince Albert Parkland Health Region; Mayor Greg Dionne, City of Prince Albert; Edith and George Kushneriuk, long-time drivers for Meals on Wheels; and Molly Schultz, PAPHR Youth volunteer.

Opening doors for recruitment
Prince Albert Parkland Human Resources staff members Cassandra Paul, left, and Christine Beaulac, were among the many employers participating at the Opening Doors Recruitment Event in October 2015. The event was one of many attended by the RHA in efforts to hire new health care workers.

New diagnostic equipment
A new Computerized Tomography machine is moved into the Victoria Hospital in December 2016. The new machine replaced a 10-year old machine, and adds additional quality to the diagnostic images. The new machine was purchased with funding from the Ministry of Health.

2015-2016 Financial Overview

Prince Albert Parkland Health Region has an operating deficit of $415,786 for the year ended March 31, 2016. The accumulated operating deficit increased by $1,365,042 after required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments. This information is based on the audited financial statements, which can be found starting on Page 33.



The Prince Albert Parkland RHA was $6,693,603 over-budget in revenue. There were a variety of changes in funding that were not included in the original budget, which was approved by the RHA board of directors at a meeting on May 27, 2015.

The following are the reasons for the variances in budgeted vs. actual revenues. The bulk of the difference is related to changes to collective agreements and physician payments, with costs not being know until the new agreements were finalized during the 2015-2016 fiscal year.

Revenue from the Ministry of Health, which includes base funding, deferred revenue and special funding, is over budget by $4,669,833.

- Deferred Revenue is over budget $1,266,420.
  - This variance includes funds received in 2014-2015 to cover a portion of the Health Sciences Association of Saskatchewan collective bargaining agreement signed in 2015-2016 in the amount of $640,989.
  - During the year the Ministry released to $327,926 of deferred revenue to general operations of the RHA.
  - Autism programming used $173,789 of deferred funding that was not budgeted.
  - Primary care used deferred funding to support the implementation of the EMR, placement of the Nurse practitioner in Home care as well as renovations for the Collaborative Emergency Centre in Spiritwood. The total unbudgeted deferred revenue for these items was $125,487.
- Special funding is over budget $3,089,412.
  - Funding received in 2015-2016 for the HSAS collective bargaining agreement for both retroactive and current year salary increases totaled $600,535 for Prince Albert Parkland RHA employees.
  - HSAS funding for Ambulance Contractors received in 2015-2016 totaled $420,967.
  - $127,199 in funding was provided during the year for an additional 0.5 full-time equivalent General Surgeon which was not included in the annual budget.
  - The region received $153,835 to fund increases to ER physician payments that were not in the budget.
  - Funding in the amount of $601,342 was received for Saskatchewan Medical Association (SMA) lump sum and base increases for the period of April 1, 2013 to March 31, 2016.
  - Funding was received to provide competitive contracts to regional physicians in Obstetrics/ Gynecology totaling $295,972.

2015-2016 Financial Overview

- An additional rural locum position was added to PAPHR after budget, the additional funding for this position was $105,350 for the 2015-2016 fiscal year.
- $278,207 in funding was recognized in 2015-2016 for CEC training in Spiritwood.
- Funding was accrued at the end of the fiscal year for the new SUN collective bargaining agreement in the amount of $689,468.

- Other Provincial revenue is over budget $851,542 for the year. This is mainly due to the $1,068,262 WCB Excess Surplus Distribution. Funding recognized from SGI and other provincial departments is under budget $188,644.
- Federal funding is over budget $199,968. Payments for services provided by Victoria Hospital departments exceeded budget by $204,147.
- Patient and Client fees are under budget $130,110. Both Home Care fees and other fees are under budget in this category. The main variance is in Supportive Care Fees which are under budget by $121,796. This variance is mainly due to the reduced number of beds in use at the Herb Bassett Home as renovations are underway at that facility.

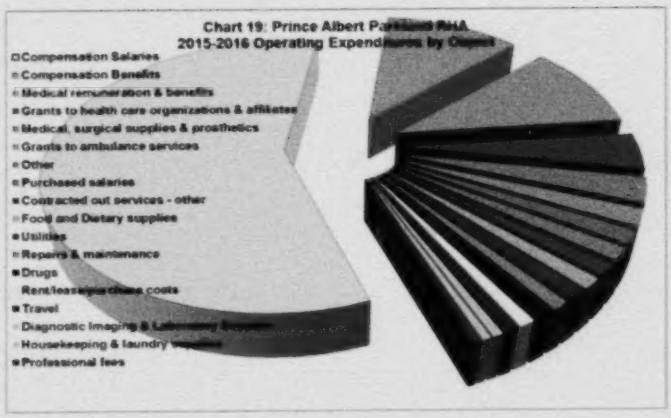


Chart 19: Prince Albert Parkland RHA 2015-2016 Operating Expenditures by Object

Prince Albert Parkland's expenditures are over budget $8,197,782 for the 2015-2016 fiscal year. A significant portion of this total (more than $7 million) was off-set by additional funding for specific expenditures.

- Compensation Benefits were under budget $972,243. Benefit costs are expected to be under budget due to the dental premium vacation which started in December negotiated during the fiscal year.

- Compensation Salaries are over budget $5,283,229.
  - During the year the region corrected the accrual for vacation payable to include N52nd accruals. This has resulted in an additional $946,013 recorded in salaries for the current fiscal year. $847,190 of this amount pertained to previous years and was corrected through the current year statements.
  - Health Science employees received retroactive and lump sum payments as per their negotiated Collective bargaining agreement as well as current year increases. These costs were undeterminable at the time of budget preparation and would account for approximately $1,241,500 of the over expenditure.
  - Overtime hours have exceeded budget and targets for the year. During 2015-2016 PAPHR employees worked 94,914 hours of overtime the total cost of which was $6,789,158. This cost includes both the regular portion of pay and the premium. One contributing factor is the adult medical units continue to experience an average daily census in excess of 100 percent of normal capacity resulting in the need for additional staffing to provide safe patient care. Permanent and temporary vacant positions throughout the region's 24/7 services also create the need for employees to work at overtime in order to maintain safe care for patients and residents.
  - Sick time hours have exceeded budget for most of the fiscal year. During 2015-2016 PAPHR employees were paid 162,566 hours of sick leave with a total cost of $4,527,351.

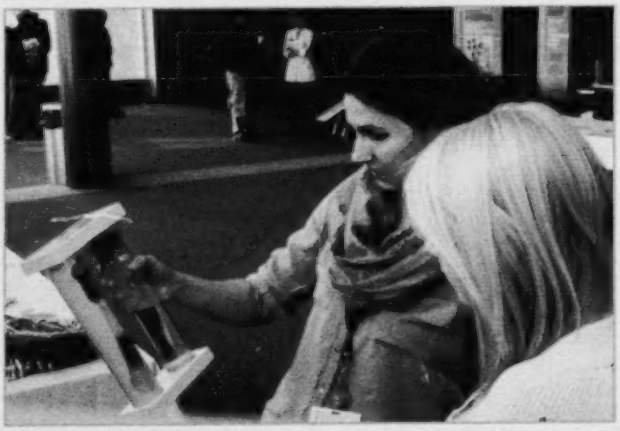
2015-2016 Financial Overview

Improving communication
Debbie Winge, second from right, Nursing Unit Manager for Level 6 Medicine, and her team includes patient care coordinators and therapies staff, discuss the care plan for patient Debra Hills, left. "Our discharge planning has improved 100 per cent," Winge said. "Our staff and physicians are more aware of the care plan, and, most importantly, patients and their family members have more information about what is happening and why."

- Purchased salaries are over budget $1,350,358 as the region continues to fill RN vacancies with contract nurses to reduce overtime in those facilities where vacancies are difficult to fill.
- Other Medical Remuneration and Benefits is over budget $1,979,277.
  - Emergency Department Physician increases which have been funded make up a portion of this variance.
  - The region is paying an additional 0.5 FTE of General Surgeon in 2015-2016 for which funding was received.
  - SMA increases were paid in 2015-2016 with retroactive and baseline increase payments for April 2013 to March 31, 2016.
- Ambulance Service is over budget $424,192 Ambulance providers received retroactive and current year funding based on the HSAS collective bargaining agreement during the year.
- Food is over budget $246,966 for the year. Changes have been made in the type of food provided to patients the cost of these changes was to be offset by the implementation of a new software package to provide inventory control. The software package will be in full operation early in 2016-2017 and reduced costs are expected.
- Medical and Surgical Supplies are over budget $658,891. With no inflationary increases applied to the budgets for the last few years we are seeing many departments that cannot remain within the status quo budget for M&S supplies.
- Travel is under budget $366,682 for the year. The region has been restricting the amount of travel outside that necessary to provide health services.

While it is discussed in the Notes to the Financial Statements, it is important to mention that there is a correction to an error noted by qualification of the RHA's previous audit reports. This error is in regards to the accounting for the co-ownership of the new Pineview Terrace. The correction affected the revenue from the Ministry of Health and balance for the capital fund. There was no impact on the operating fund. It results in an increase in the Region's capital assets to include 100 per cent of the building. Based on accounting guidelines, this error has been corrected in the current year and results in a qualification in the auditor's report (Page 31).

Test the new ride
Jim Van Eaton, seated, from the Shellbrook and Districts Health Foundation, stopped by the Therapies Department at the Parkland Integrated Health Centre, to check out the new exercise bike the foundation donated to the program. Lisa Wallin is a physiotherapist based at the facility in Shellbrook. "We thank the foundation for their consideration and generous donation of this piece of equipment which will greatly enhance the service provided by the therapy department," Wallin said.



Wellness and Career Expo
Cathryn Abrametz, Public Health Nutritionist, left, uses a tool that shows how cholesterol affects circulation and oxygen with one of students at the Wellness and Career Expo hosted by the Prince Albert Parkland Health Region on March 22, 2016. Held at the Rawlinson Centre, the Expo included displays by PAPHR departments that discussed healthy lifestyles and wellness, and information was provided about health care careers and educational opportunities.

Working safe
The night staff at for Environmental Services at the Victoria Hospital celebrated 500 days with no injuries in August 2015. "We are so proud of the safety record that our evening staff have achieved," said Terry Fjeld, Regional Director of Environmental Services. "This is a record they should be proud of, and are a good example for what we can achieve when we focus on having a safe workplace."

Entertainment time
Constant Reminder, a band made up of brothers who are members of the James Smith Indian Reserve, played for the Mental Health Inpatient unit recreation group last month. The clients enjoyed an amazing show with clients, and raised excitement for their return at the client Christmas party in December 2015

MANAGEMENT REPORT

Management's Responsibility

To the Saskatchewan Ministry of Health :

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Regional Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Regional Health Authority's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 25, 2016

Chief Executive Officer

Vice President of Finance

AUDITOR'S REPORT

Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:
We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority, which comprise the statements of financial position as at March 31, 2016, and the statements of operations, changes in fund balances, cash flows and the related schedules for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion
A co-ownership agreement dated January 30, 2013 was signed by the Province of Saskatchewan, represented by the Ministry of Health ("MOH") and the Prince Albert Parkland Regional Health Authority ("RHA") whereby an addition to the existing Herb Bassett long-term care home is co-owned 75.3% by the MOH and 24.7% by the RHA. The cost of this development had been accounted for as a government partnership and a tangible capital asset equal to a 24.7% share of the construction costs had been recorded as a capital asset. Based on the economic substance of the arrangement, Canadian Public Sector Accounting Standards require that 100% of the costs be reported as a capital asset. As a result, capital assets and fund balances invested in capital assets as at March 31, 2015 are understated by $17,498,200, grant revenue of the capital fund for the year ended March 31, 2015 is understated by $1,054,918, amortization expense is understated by $36,577 and opening capital fund balances are understated by $16,479,859. This caused us to modify our opinion on the financial statements for that year.

In accordance with Canadian public sector accounting standards, the RHA corrected the error in the current year's figures as described in note 18 to the financial statements. Our opinion on the current year's financial statements is modified because of the effects of this matter on the comparability of the current year's figures and the comparative information.

Qualified Opinion
In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2016 and the results of its operations, changes in fund balances, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Prince Albert, Saskatchewan

May 25, 2016

MNP LLP
Chartered Professional Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873, (855) 667-3310

MNP

AUDITED FINANCIAL STATEMENTS

Statement 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2016

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2016	Total March 31, 2015
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 8,825,116	$ 10,918,180	$ 19,822	$ 19,763,118	$ 22,070,892
Accounts receivable					
Ministry of Health - General Revenue Fund	896,534	631,128	-	1,527,662	663,632
Other	2,304,518	132,343	-	2,436,861	2,565,274
Inventory	1,104,976	-	-	1,104,976	876,169
Prepaid expenses	327,172	-	-	327,172	1,119,286
	13,458,316	11,681,651	19,822	25,159,789	27,295,254
Long Term Receivables (Note 3)	-	-	554,398	554,398	549,663
Investments (Schedule 2)	-	-	-	-	-
Capital assets (Note 4)	-	106,722,974	-	106,722,974	89,682,034
Total Assets	$ 13,458,316	$ 118,404,625	$ 574,220	$ 132,437,161	$ 117,526,951
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 7,968,323	$ 846,000	$ -	$ 8,814,323	$ 7,119,037
Other Payable - Prince Albert Grand Council	89,309	-	-	89,309	180,848
Accrued salaries	5,622,414	-	-	5,622,414	3,769,520
Vacation payable	13,724,610	-	-	13,724,610	12,351,959
Bank Loan payable - Current (Note 6)	-	209,000	-	209,000	199,000
Mortgages payable – Current (Note 6)	-	589,534	-	589,534	558,923
Deferred Revenue (Note 7)	3,263,215	-	-	3,263,215	4,778,932
	30,667,871	1,644,534	-	32,312,405	28,958,220
Long term liabilities					
Bank Loan Payable (Note 6)	-	3,173,000	-	3,173,000	3,382,000
Mortgages payable (Note 6)	-	3,512,927	-	3,512,927	4,112,935
Employee future benefits (Note 11)	5,932,000	-	-	5,932,000	5,819,500
Total Liabilities	36,599,871	8,330,461	-	44,930,332	42,272,655
Fund Balances:					
Invested in capital assets	-	99,238,513	-	99,238,513	81,429,176
Externally restricted (Schedule 3)	-	4,540,037	574,220	5,114,257	8,790,469
Internally restricted (Schedule 4)	-	6,295,614	-	6,295,614	6,811,164
Unrestricted	(23,141,556)	-	-	(23,141,556)	(21,776,513)
Fund balances – (Statement 3)	(23,141,556)	110,074,164	574,220	87,506,828	75,254,296
Total Liabilities & Fund Balances	$ 13,458,316	$ 118,404,625	$ 574,220	$ 132,437,161	$ 117,526,951

Contractual Obligations (Note 5)
Asset Retirement Obligations (Note 5)
Pension Plan (Note 11)

Approved by the board of directors

The accompanying notes and schedules are part of these financial statements.

AUDITED FINANCIAL STATEMENTS

Statement 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2016

	Operating Fund			Restricted			
	Budget 2016 (Note 12)	2016	2015	Capital Fund 2016	Community Trust Fund 2016	Total 2016	Total 2015
REVENUES							
Ministry of Health - general	$ 215,309,522	$ 219,979,355	$ 212,779,404	$ 17,707,126	$ -	$ 17,707,126	$ 6,526,405
Other provincial	1,858,123	2,709,665	1,393,916	-	-	-	-
Federal government	515,500	715,468	506,459	-	-	-	-
Patient & client fees	7,307,046	7,176,935	6,999,716	-	-	-	-
Out of province (reciprocal)	926,800	1,308,757	928,291	-	-	-	-
Out of country	47,242	166,576	51,789	-	-	-	-
Donations	26,000	92,779	37,448	800,733	-	800,733	723,805
Ancillary	1,048,540	1,181,510	1,218,969	-	-	-	-
Investment	125,155	129,222	169,937	104,284	8,319	112,603	94,408
Recoveries	4,248,954	4,455,897	4,636,805	-	-	-	32,720
Other	447,170	637,488	489,147	1,343,335	-	1,343,335	2,098,555
Total revenues	231,860,052	238,553,654	229,211,882	19,955,479	8,319	19,963,797	9,475,893
EXPENSES							
Inpatient & resident services							
Nursing Administration	4,420,301	4,758,341	4,751,036	521,889	-	521,889	547,802
Acute	40,732,794	44,254,012	42,651,649	2,494,574	-	2,494,574	2,543,451
Supportive	36,898,440	39,172,726	37,496,520	1,701,874	-	1,701,874	839,628
Integrated	-	-	-	-	-	-	-
Rehabilitation	-	16,022	-	-	-	-	-
Mental health & addictions	6,182,369	6,052,222	6,118,781	5,044	-	5,044	5,853
Total inpatient & resident services	88,233,904	94,253,323	91,017,985	4,723,381	-	4,723,381	3,936,734
Physician compensation	21,387,875	22,984,455	21,659,189	687	-	687	687
Ambulatory care services	11,855,773	12,442,769	11,779,037	279,097	-	279,097	191,836
Diagnostic & therapeutic services	21,251,797	21,251,770	20,003,727	457,477	-	457,477	460,893
Community health services							
Primary health care	4,512,450	3,984,343	3,150,526	3,388	-	3,388	3,562
Home care	13,815,365	13,372,297	12,347,275	18,627	-	18,627	18,398
Mental health & addictions	12,812,787	12,792,362	12,496,739	537,283	-	537,283	331,644
Population health	7,780,049	7,677,192	7,514,794	55,139	-	55,139	59,369
Emergency response services	4,313,452	4,779,559	4,316,911	143,510	-	143,510	143,204
Other community services	401,013	394,377	347,486	-	-	-	-
Total community health services	43,635,116	43,000,130	40,173,731	757,947	-	757,947	556,177
Support services							
Program support	11,270,709	10,674,860	10,944,534	50,899	-	50,899	50,633
Operational support	32,226,667	33,404,398	33,248,043	739,497	-	739,497	551,363
Other support	454,474	448,310	376,570	228,138	3,061	231,199	256,315
Employee future benefits	-	112,500	48,100	-	-	-	-
Total support services	43,951,850	44,640,068	44,617,247	1,018,534	3,061	1,021,595	858,311
Ancillary	455,342	396,927	492,668	55,294	-	55,294	55,294
Total expenses (Schedule 1)	230,771,658	238,969,440	229,743,585	7,292,417	3,061	7,295,477	6,059,933
Excess (deficiency) of revenues over expenses	$ 1,088,394	$ (415,786)	$ (531,703)	$ 12,663,061	$ 5,258	$ 12,668,320	$ 3,415,960

The accompanying notes and schedules are part of these financial statements.

AUDITED FINANCIAL STATEMENTS

Statement 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31, 2016

2016	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2016
Fund balance, beginning of year	$ (21,776,514)	$ 96,451,196	$ 579,614	$ -	$ 75,254,296
Excess (deficiency) of revenues over expenses	(415,786)	12,663,061	5,259	-	12,252,534
Interfund transfers (Note 14)	(949,256)	959,906	(10,650)	-	-
Fund balance, end of year	$ (23,141,556)	$ 110,074,163	$ 574,223	$ -	$ 87,506,830

2015	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2015
Fund balance, beginning of year	$ (20,201,186)	$ 91,777,980	$ 793,244	-	$ 72,370,038
Excess (deficiency) of revenues	(531,703)	3,485,975	(70,014)	-	2,884,259
Interfund transfers (Note 14)	(1,043,625)	1,187,240	(143,615)	-	-
Fund balance, end of year	$ (21,776,514)	$ 96,451,196	$ 579,614	$ -	$ 75,254,298

The accompanying notes and schedules are part of these financial statements.

AUDITED FINANCIAL STATEMENTS

Statement 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2016

	Operating Fund		Restricted Fund			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ (415,786)	$ (531,703)	$ 12,663,061	$ 5,258	$ 12,668,318	$ 3,415,960
Net change in non-cash working capital (Note 8)	2,639,598	(931,202)	613,971	(4,539)	609,432	(291,943)
Amortization of capital assets	-	-	6,780,012	-	6,780,012	5,501,586
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	46,309	-	46,309	(1,752,268)
	2,223,812	(1,462,905)	20,103,353	719	20,104,072	6,873,335
Capital activities:						
Purchase of capital assets						
Buildings/construction	-	-	(18,185,917)		(18,185,917)	(844,318)
Equipment	-	-	(2,454,254)	-	(2,454,254)	(1,173,429)
Construction In Progress	-	-	(3,164,864)	-	(3,164,864)	(2,703,676)
Land and Leasehold improvements	-	-	(62,827)	-	(62,827)	(23,532)
Proceeds/(Cost) on disposal of capital assets						
Buildings/construction	-	-	-	-	-	2,054,029
Equipment	-	-	600	-	600	-
	-	-	(23,867,261)	-	(23,867,261)	(2,690,926)
Financing activities:						
Repayment of debt	-	-	(768,397)	-	(768,397)	(724,032)
Net increase (decrease) in cash & short term investments during the year	2,223,812	(1,462,905)	(4,532,305)	719	(4,531,586)	3,458,378
Cash & short term investments, beginning of year	7,550,561	10,057,090	14,490,578	29,753	14,520,332	10,018,329
Interfund transfers (Note 14)	(949,256)	(1,043,625)	959,906	(10,650)	949,256	1,043,625
Cash & short term investments, end of year (Schedule 2)	$ 8,825,118	$ 7,550,561	$ 10,918,179	$ 19,821	$ 10,938,002	$ 14,520,332

The accompanying notes and schedules are part of these financial statements.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under *The Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Chartered Professional Accountants (CPA) of Canada, except as explained below. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance
S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act* of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act of Canada*.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information on the foundation.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land improvements and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Employee future benefits

i) Pension Plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. The Statement of Remeasurement Gains and Losses was not prepared as at March 31st 2016, as such gains and losses did not occur during the year. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchase of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2016 (2015 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

k) Volunteer Service

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. Long-Term Receivable

Community Trust:

At March 31, 2016 The Kinistino and District Health Foundation Inc. hold the pre-amalgamation funds on behalf of the RHA in the amount of $554,398 (2015 - $549,663).

4. Capital Assets

	March 31, 2016			March 31, 2015
	Cost	Accum Amortization	Net Book Value	Net Book Value
Land	$ 1,820,699	$ -	$ 1,820,699	$ 1,820,699
Land Improvements	3,276,113	1,239,240	2,036,873	1,285,024
Buildings	148,856,998	59,166,525	89,690,473	74,318,633
Equipment	40,227,540	32,825,601	7,401,939	6,578,782
Construction in progress	5,772,990	-	5,772,990	5,678,897
	$ 199,954,340	$ 93,231,366	$ 106,722,974	$ 89,682,034

5. Contractual Obligations

a) Capital Asset Acquisitions

At March 31, 2016, contractual obligations for acquisition of capital assets were $599,016 (2015 – $138,314). This includes contractual obligation $161,834 for the construction of campus housing at the Victoria Hospital.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2017	$1,184,225
2018	926,223
2019	761,363
2020	710,934
2021	666,090

c) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. Note 10 b) provides supplementary information on Health Care Organizations.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2016	2015
Birchview Nursing Home CMHC, due December 1, 2018	1.30%	$89,319 principal & interest. Mortgage renewal date – December 1, 2018	**$241,155**	$326,735
Evergreen Health Centre CMHC, due September 1, 2023	1.12%	$44,929 principal & interest. Mortgage renewal date – February 1, 2020	**323,072**	364,133
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest, with an amount of $12,149 forgivable at $873 per year over the life of the mortgage if regular payments are made. $4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030.	**215,077**	222,437
Idylwild Lodge CMHC due June 1, 2020	4.69%	$122,699 principal & interest of which $33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**472,406**	570,608
Jubilee Lodge CMHC, due November 1, 2020	1.01%	$54,917 principal & interest of which $13,791 was subsidized by SHC, yielding an effective interest rate of 2%. Effective March 1, 2016, no subsidy payments were received. Mortgage renewal date – November 1, 2020.	**232,962**	277,445
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$1,868 principal & interest.	-	1,857
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	**527,078**	609,222
Jubilee Lodge #3 CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $18,780 forgivable at $1,694.64 per year over the life of the mortgage if regular payments are made. Mortgage renewal date – April 1, 2027.	**343,415**	362,744
Rabbit Lake Health Centre CMHC, due September 1, 2021	1.12%	$38,997 principal & interest. Mortgage renewal date – February 1, 2020.	**207,921**	244,368
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016.	**799,793**	860,491
Whispering Pine Place CMHC, due July 1, 2023	1.39%	$109,388 principal & interest of which $7,439 was subsidized by SHC. Effective July 1, 2015, no subsidy payments were received. Mortgage renewal date – June 1, 2020.	**739,583**	831,819
			4,102,461	4,671,858
Less: Current portion			**589,534**	558,923
			$3,512,927	$4,112,935

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2017	$ 589,534	2020	$ 556,297
2018	$ 607,668	2021	$ 434,880
2019	$ 604,249	2022 and subsequent	$ 1,309,832

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2016 was $3,382,000 (2015, $3,581,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

2017	$ 209,000	2020	$ 244,000
2018	$ 220,000	2021	$ 257,000
2019	$ 232,000	2022 and subsequent	$ 2,220,000

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

7. Deferred Revenue

As at March 31, 2016	Balance Beginning of Year	Less Amount Recognized	AddAmount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Acute Stroke Pathway	-	16,446	18,850	2,404
Autism Intervention Training	14,359	1,925	-	12,434
Autism Spectrum Disorders Services	344,135	171,864	-	172,272
Bursaries	19,000	25,757	25,000	18,243
Cognitive Disabilities Coordinator	12,455	5,010	-	7,445
Cognitive Disabilities - FASD	-	8,400	15,000	6,600
Collaborative Emergency Centre	-	278,208	301,007	22,799
Compensation	640,989	1,241,524	600,535	-
Dental Initiative	38,375	77,040	38,665	-
Emergency Dept Waits & PT Flow	-	723,000	806,000	83,000
Emergency Ward Mental Health Issues	3,932	3,932	-	-
Family Treatment Centre	318,182	318,182	-	-
Family Treatment Centre - Operating	-	48,126	244,000	195,874
HIV Strategy	67,279	-	-	67,279
Home First	343,542	302,975	500,000	540,567
Immunization Programs	37,726	32,934	-	4,792
Infection Control	13,343	11,664	-	1,679
Integrated Case Management Training	5,812	5,812	-	-
Knowledge Exchange Implementation	-	106,700	106,700	-
Lucentis Admin	-	50,000	50,000	-
LEW Pathway	-	-	1,500	1,500
MH Approved Home Training	-	3,497	4,250	753
Mental Health Complex Clients	267,383	152,704	250,000	364,678
Primary Care	587,679	358,350	155,481	384,810
Problem Gambling	5,000	5,000	-	-
Respite Pay for Approved Home Op	-	1,170	1,170	-
A & D Initiatives	370,9[illegible]	313,713	-	57,242
Safety Training	10,811	10,811	-	-
SMA Increases	-	20,844	20,844	-
Total Sask Health	**$3,100,957**	**$ 4,295,588**	**$ 3,139,002**	**$ 1,944,371**
Other Gov't of Sask Initiatives				
Acquired Brain Injury	763,818	959,842	682,102	486,078
Cognitive Disabilities (Consultant)	79,480	85,824	103,825	97,481
Community Addictions	175,000	-	-	175,000
Corrections	266,900	318,313	274,730	223,318
Total Other Gov't of Sask Initiatives	**$1,285,198**	**$ 1,363,979**	**$ 1,060,657**	**$ 981,876**
Non Gov't of Sask Initiatives				
Canadian Foundation for Healthcare Improvement	19,441	34,510	25,000	9,931
Dental Program	61,067	48,193	-	12,874
EMR Implementation	-	16,706	38,207	21,501
Live Well	5,500	-	-	5,500
Peer Navigation Program	2,536	27,536	25,000	-
COPS	-	85,812	85,812	-
Nursing Recruitment	260,919	-	-	260,919
Other	43,314	55,542	38,471	26,243
Total Non Gov't of Sask Initiatives	**$ 392,777**	**$ 268,299**	**$ 212,490**	**$ 336,968**
Total Deferred Revenue	**$4,778,932**	**$ 5,927,866**	**$ 4,412,149**	**$ 3,263,215**

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
(Increase) Decrease in accounts receivable	$ (1,156,416)	$ 4,457,490	$ 420,603	$ (4,537)	$ 416,066	$ 1,392,720
(Increase) Decrease in inventory	(228,807)	38,553	-	-	-	-
(Increase) Decrease in prepaid expenses	792,114	(217,101)	-	-	-	-
(Increase) Decrease in financial instruments	-	-	-	-	-	-
Increase (Decrease) in accounts payable	1,410,378	(1,616,862)	193,368	-	193,368	(1,684,663)
Increase (Decrease) in accrued salaries	1,852,894	(3,243,840)	-	-	-	-
Increase (Decrease) in vacation payable	1,372,651	529,192	-	-	-	-
Increase (Decrease) in deferred revenue	(1,515,717)	(926,734)	-	-	-	-
Increase (Decrease) in employee future benefits	112,500	48,100	-	-	-	-
	$ 2,639,597	$ (931,202)	$ 613,971	$ (4,537)	$ 609,434	$ (291,943)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016 was $131,542 (2015 - $88,077). These amounts are not reflected in the financial statements.

	2016	2015
Patient / resident	$ 101,826	$ 57,835
Leoville Union Hospital Pre-amalgamation	29,716	30,242
	$ 131,542	$ 88,077

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

i) North Sask Laundry:

h.North Sask Laundry (NSL) provided linen services mainly to RHA's in Saskatchewan. The Prince Albert Parkland RHA was a 25% shareholder of NSL and had the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.

NSL was a non-profit incorporated organization and was not subject to income and property taxes from the federal, provincial and municipal levels of government.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

	2016	2015
Accounts Receivable		
North Sask Laundry	$ 15,080	$ 76,759
eHealth Saskatchewan	13,107	29,545
WCB	84,798	108,779
	$ 112,985	$ 215,083
Accounts Payable		
eHealth Saskatchewan	$ 56,848	$ 37,829
Ministry of Central Services	72,324	249,485
North Sask Laundry	9	206,658
3sHEALTH	485,195	612,972
Sask Energy	55,896	87,188
Sask Power	124,984	-
Sask Tel	23,443	23,032
SHEPP	1,363,428	1,352,593
WCB	590,822	-
	$ 2,772,949	$ 2,569,757
Revenues		
Co-operative Health Centre	$ 77,589	$ 105,525
North Sask Laundry	262,332	366,963
S.G.I.	972,407	1,023,925
WCB	257,918	295,126
eHealth Saskatchewan	47,975	66,892
Kelsey Trail RHA	52,274	46,497
	$ 1,670,495	$ 1,904,928

	2016	2015
Expenditures		
Ministry of Finance	$ 64,380	$ 82,266
Ministry of Central Services	913,094	673,252
North Sask Laundry	1,416,354	3,044,767
Public Employees Pension	251,756	267,827
3sHEALTH	7,327,766	8,984,274
Sask Energy	596,515	855,213
Sask Mobility	138,402	135,143
Sask Power	1,680,074	1,555,501
Sask-Tel	468,254	333,141
SHEPP	19,005,349	18,897,438
WCB	2,698,985	2,363,910
eHealth Saskatchewan	306,088	403,490
Saskatoon RHA	35,137	96,474
Kelsey Trail RHA	20,727	36,689
	$ 34,922,881	$ 37,729,385
Pre-Paid Expenses		
Saskatoon RHA	-	$ 21,000
WCB	-	710,229
	$ -	$ 731,229

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2016	2015
Canadian Mental Health Association	$ 254,489	$ 252,802
Cooperative Health	250,799	357,229
Family Futures	164,347	164,287
Prince Albert Mobile Crisis Unit	81,504	81,492
Prince Albert Early Childhood Intervention	46,095	46,095
S.H.A.R.E.	831,997	832,343
Blaine Lake Ambulance	458,553	417,278
Parkland Ambulance	3,033,659	2,744,896
Spiritwood Ambulance	1,120,301	1,062,852
	$ 6,241,744	$ 5,959,275

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

	2016	2015
Mont St. Joseph Home Inc.	$8,966,231	$8,741,918

The Ministry of Health requires additional reporting in the following financial summary of the affiliate entity for the years ended March 31, for 2016 and 2015.

Mont St. Joseph Home Inc.:

	2016	2015
Balance Sheet		
Assets	$ 1,157,633	$ 744,733
Net Capital Assets	8,419,705	8,844,415
Total Assets	$ 9,577,338	$ 9,589,148
Total Liabilities	$ 1,327,138	$ 1,015,323
Total Net Assets (Fund Balances)	8,250,200	8,573,825
	$ 9,577,338	$ 9,589,148
Results of Operations		
RHA Grant	$ 8,966,231	$ 8,741,918
Other Revenue	2,094,103	2,369,079
Total Revenue	$ 11,060,334	$ 11,110,997
Salaries & Benefits	$ 9,160,797	$ 8,958,350
Other Expenses*	2,223,162	2,278,674
Total Expenses	$ 11,383,959	$ 11,237,024
Excess (deficiency) of revenues over expenses	$ (323,625)	$ (126,027)

*Other Expenses includes amortization of $518,714 (2015- $524,080)

Cash Flows		
Cash from Operations	$ 492,548	$ 370,270
Cash used in Financing Activities	-	(609)
Cash used in Investing Activities	(102,482)	(172,012)
Increase (decrease) in cash	$ 390,066	$ 197,649

*Cash used in investing activities includes capital purchases of $102,482 (2015 - $172,012)

iii) Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $1,222,622 (2015-$1,504,606) of the foundation's net assets must be used for special purposes set out by the donors. The foundation's total expenses include contributions of $805,432 (2015 - $598,079) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2016 and 2015 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2016	2015
Total Assets	$ 1,455,383	$ 1,376,163
Total Liabilities	96,971	60,425
Total Net Assets (Fund Balances)	1,358,412	1,315,738
	$ 1,455,383	$ 1,376,163
Results of Operations		
Total Revenue	1,071,296	928,024
Salaries & Benefits	181,118	175,492
Other Expenses*	847,504	682,020
Total Expenses*	1,028,622	857,512
Excess (deficiency) of revenues over expenses	$ 42,674	$ 70,512

*Total Expenses include contributions of $805,432 (2015 - $598,079) to the Regional Health Authority and amortization of $1,096 (2015 - $419)

Cash Flows		
Cash From Operations	$ 70,464	$ (157,709)
Cash Used in Financing Activity	-	-
Cash Used in Investing Activity*	(1,354)	(2,095)
Increase (decrease) in cash	$ 69,110	$ (159,804)

*Investing Activities includes capital purchases of $1,354 (2015 - $2,095)

11. Employee future benefits

a) Pension plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

2. Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016			2015
	SHEPP**	PEPP	Total	Total
Number of active members	2,173	24	2,197	2,165
Member contribution rate, percentage of salary	8.10 - 10.70%*	5 - 7%*		
RHA contributions rate, percentage of salary	9.07 - 11.98%*	5 - 7%*		
Member contributions (thousands of dollars)	8,927	121	9,048	9,037
RHA contributions (thousands of dollars)	9,999	130	10,129	10,111

* Contribution rate varies based on employee group.

** Active members are employees of the RHA, including those on leave of absense as of March 19, 2016. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. CUPE established in 1975 – affiliated with the Canadian Union of Public Employees
2. General established in 1975
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in compensation benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016				2015
	CUPE	GENERAL	SUN	Total	Total
Number of active members	1,476	316	523	2,315	1,989
Member contribution rate, percentage of salary	1.61%	0.60 - 0.65%	0.76%		
RHA contributions rate, percentage of salary	1.61%	0.65 - 0.70%	0.89%		
Member contributions (thousands of dollars)	905	147	261	1,313	1,461
RHA contributions (thousands of dollars)	905	159	307	1,371	1,526

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
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As at March 31, 2016

c) Accumulated sick leave benefit liability

The cost of accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2016	2015
Discount rate	1.90%	1.90%

	2016	2015
Accrued benefit obligation, beginning of year	$ 5,819,500	$ 5,771,400
Cost for the year:		
Interest Expenses	121,000	169,000
Other	848,300	761,300
Benefits paid during the year	(856,800)	(882,200)
Accrued benefit obligation, end of year	$ 5,932,000	$ 5,819,500

12. Budget

The RHA Board approved the 2016 budget plan on May 27, 2015.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk, and liquidity risk

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2016	2015
Cash and Short-term investments	$ 19,763,118	$ 22,070,892
Accounts receivable		
Ministry of Health - General Revenue Fund	1,527,662	663,632
Other	2,436,861	2,565,274
Investments	-	-
	$ 23,727,641	$ 25,299,798

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long term bonds bearing interest at coupon rates. The RHA's mortgage payable outstanding as at March 31, 2016 and 2015 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

The RHA's investments are in minimal risk investments. Therefore the risk of interest rate fluctuations are insignificant.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2016

e) Liquidity Risk

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities. To ensure RHA has sufficient cash on hand, RHA prepares annual capital and operating budgets and forecasts which are regularly monitored and updated as necessary. As at March 31, 2016, the RHA had current operating financial assets of $12,026,168 and current operating liabilities of $30,667,871 which represents a working capital deficit of $18,641,703 . The RHA has current restricted financial assets of $11,701,473 and current restricted liabilities of $1,644,534 which represents a working capital surplus of $10,056,939. As at March 31,2016, the RHA has complied with all restrictions placed on contributions received.

As at March 31, 2016, the RHA committed to the following operating and restricted liabilities, including principal and interest, based on the expected undiscounted cash flows from the reporting date to the contractual maturity date:

	Carrying amount	Due within 1 year	Due within 2 -5 years	Due after 5 years
Accounts payable and accrued liabilities	$ 8,903,632	$ 8,903,632	$ -	$ -
Accrued salaries	5,622,414	5,622,414	-	-
Vacation payable	13,724,610	13,724,610	-	-
Deferred revenue	3,263,215	3,263,215	-	-
Long Term Debt:				
Bank Loan payable	3,382,000	209,000	953,000	2,220,000
Mortgages payable	4,102,461	589,534	2,203,095	1,309,832
Total financial liabilities	$ 38,998,332	$ 32,312,405	$ 3,156,095	$ 3,529,832

f) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $4,037,280 (2015 - $4,803,985) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term

investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted price, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2016 or 2015.

There were no items transferred between levels in 2016 or 2015.

	2016			2015		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ 19,763,118		$ 19,763,118	$ 22,070,892	$ -	$ 22,070,892
Mortgages payable		$ 4,037,280	$ 4,037,280	$ -	$ 4,803,985	$ 4,803,985

g) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2015 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2016 was $296 (2015 - $0).

14. Inter-fund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2016			2015		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Equipment Purchases	$ (41,252)	$ 41,252	$ -	$ (41,252)	$ 41,252	$ -
SHC reserves	(23,307)	23,307	-	(118,316)	118,316	-
Energy Performance Loans	(363,000)	363,000	-	(363,000)	363,000	-
Mortgage payments	(532,347)	532,347	-	(521,355)	521,355	-
Other	10,650	-	(10,650)	298	143,317	(143,615)
	$ (949,256)	$ 959,906	$ (10,650)	$ (1,043,625)	$ 1,187,240	$ (143,615)

15. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. June 1st, 2010 the Prince Albert Parkland Regional Health Authority entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*. *SaskPower Energy Solutions Company* will not be able to provide results of savings due to construction of new facilities which are using the existing boiler.

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

17. Collective Agreements

The CUPE contract is in effect until March 31, 2017. The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016 a tentative four-year agreement has been signed and was ratified on April 20, 2016. The HSAS contract is in effect until March 31, 2018.

18. Co-ownership Error

During the 2012-13 fiscal year, the RHA entered into shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Health, as set out by the Ministry of Finance the RHA recorded its proportionate ownership interest in tangible capital assets rather than the full cost of the capital project. The accounting for this capital project constitutes a departure from Canadian public sector accounting standards. In 2015-16 the RHA recorded 100% of the shared ownership assets, this included an adjustment in the amount of $17,557,126.

AUDITED FINANCIAL STATEMENTS

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Schedule 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2016

	Budget 2016	Actual 2016	Actual 2015
Operating:			
Advertising & public relations	89,777	105,006	131,627
Board costs	113,672	90,349	69,696
Compensation - benefits	27,562,956	26,590,713	26,641,135
Compensation -employee future benefits	-	112,500	48,100
Compensation - salaries	132,104,050	137,387,279	130,578,820
Continuing education fees & materials	443,361	186,169	214,556
Contracted-out services - other	3,433,745	3,266,690	3,547,324
Diagnostic imaging supplies	77,333	110,784	119,802
Dietary supplies	171,362	149,096	169,169
Drugs	2,324,908	2,393,061	2,393,496
Food	2,505,534	2,752,500	2,792,187
Grants to ambulance services	4,141,664	4,565,856	4,130,893
Grants to health care organizations & affiliates	9,998,395	10,126,713	9,986,896
Housekeeping & laundry supplies	1,352,880	1,165,189	1,329,239
Information technology contracts	795,833	630,646	635,270
Insurance	362,385	397,196	350,772
Interest	23,184	34,365	25,822
Laboratory supplies	1,163,010	1,362,653	1,214,162
Medical & surgical supplies	4,946,346	5,605,237	5,160,562
Medical remuneration & benefits	22,804,562	24,783,839	23,069,396
Meetings	63,432	27,696	52,750
Office supplies & other office costs	822,399	703,535	727,035
Other	341,334	395,306	397,572
Professional fees	932,809	1,017,551	1,019,220
Prosthetics	1,475,853	1,492,935	1,653,538
Purchased salaries	2,107,497	3,457,855	3,325,196
Rent/lease/purchase costs	2,201,727	2,185,927	2,045,542
Repairs & maintenance	2,191,736	2,434,129	2,146,587
Supplies - other	1,018,254	924,184	1,093,684
Therapeutic supplies	139,121	119,739	99,120
Travel	2,147,570	1,780,888	1,841,190
Utilities	2,914,969	2,613,853	2,733,229
Total Operating Expenses	$230,771,658	$ 238,969,440	$229,743,585
Restricted:			
Amortization		6,780,012	5,501,586
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		169,879	239,032
Other		345,587	319,315
		$ 7,295,479	$ 6,059,933

Schedule 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2016

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 4,201,064			
RBC - Prince Albert	9,347			
Shellbrook Credit Union	64,029	5/7/2016	1.40%	
Shellbrook Scotia Bank Cash	77,379			
Renaissance Savings Account	1,286,182			
CIBC - Vancity	1,000,000	11/7/2016	1.40%	
CIBC - GTD	1,400,000	11/6/2017	1.60%	
CIBC - GTD	2,000,000	11/6/2018	1.70%	
National Bank of Canada	900,000	11/6/2019	2.05%	
Total Cash & Short Term Investments	$ 10,938,002			
Long Term				
	$ -			
Total Long Term Investments	$ -			
Total Restricted Investments	$ 10,938,002			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 23,160			
C.I.B.C. - Prince Albert, Sk	3,042,349			
Shellbrook Credit Union	31,317			
Innovation Credit Union	1,049			
Birch Hills Credit Union	8,634			
Marcelin Credit Union	12,530			
Leoville Credit Union	1,137			
Scotiabank (Kinistino)	13,895			
Spiritwood Credit Union	20,623			
RBC Cash	290			
Manulife Inv. Savings Account	300,725			
CIBC - GIC	533,000	12/5/2018	2.65%	
CIBC - Wood Gundy Equity	221,498			
CIBC - Vancity	1,100,000	11/24/2016	1.50%	
CIBC - Bank of Nova Scotia	1,100,000	11/24/2017	2.06%	
CIBC - GIC	1,500,000	8/11/2016	1.81%	
Renaissance Savings Account	750,301			
NSL Holding	164,609			
Total Cash & Short Term Investments	$ 8,825,116			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	$ 8,825,116			
Total Investments	$ 19,763,118			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 19,763,118			
Total Long Term	-			
Total Investments	$ 19,763,118			

*Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Schedule 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2016

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Non-Government of Sask Initiatives						
Kinistino and District Health Foundation Inc.	$ 549,663	$ 7,796	$ -	$ (3,061)	$ -	$ 554,398
Birch Hills and Area Health Care Foundation Inc.	29,949	523	-	-	(10,650)	19,822
Prince Albert Parkland Regional Health Authority	-	-	-	-	-	-
Total Non-Government	579,612	8,319	-	(3,061)	(10,650)	574,220
Total Community Trust Fund	$ 579,612	$ 8,319	$ -	$ (3,061)	$ (10,650)	$ 574,220

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Sask Health Initiatives						
Family Treatment Center	$ 680,394	$ 4,428	$ -	$ -	$ (14,562)	$ 670,261
Pineview Terrace / Shellbrook Integrated Facility	886,023	6,040	17,557,126	(55,183)	(18,189,924)	204,083
Jubilee Lodge - Exhaust	-	-	150,000	-	-	150,000
Block Funding	1,786,126	11,624	-	-	(868,947)	928,804
CT Scanner and C-Arm	1,580,000	10,283	-	-	(1,407,743)	182,540
Spiritwood CEC	216,630	1,410	-	-	(163,461)	54,579
Victoria Hospital Redevelopment	1,700,955	11,070	-	-	(553,383)	1,158,642
Capital Equipment	1,360,728	873,609	-	(7,275)	(1,035,934)	1,191,128
Total Sask Health	8,210,856	918,464	17,707,126	(62,458)	(22,233,953)	4,540,037
Total Capital Fund	$ 8,210,856	$ 918,464	$ 17,707,126	$ (62,458)	$ (22,233,953)	$ 4,540,037
TOTAL EXTERNALLY RESTRICTED FUNDS	$ 8,790,469	$ 926,783	$ 17,707,126	$ (65,519)	$ (22,244,603)	$ 5,114,257

Schedule 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2016

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Replacement Reserves						
Birchview Home	$ 25,877	$ 250	$ 5,075	$ -	$ -	$ 31,202
Hafford Special Care Centre	-	-	4,250	-	-	4,250
Herb Bassett Home	497,400	5,510	-	(52,488)	(30,873)	419,549
Idlwild Lodge	48,389	456	10,000	-	-	58,845
Jubilee Lodge	69,130	1,559	15,505	-	63,782	149,976
Jubilee Units	129,613	1,389	17,600	-	-	148,603
Lakewood Lodge	71,520	863	9,100	-	-	81,483
Parkland Terrace	74,146	-	-	(10,365)	(63,782)	-
Wheatland Lodge	70,430	752	7,750	(1,676)	(7,843)	69,412
Whispering Pine Place	56,343	530	8,235	-	(20,565)	44,543
Total CMHC	$ 1,042,849	$ 11,309	$ 77,515	$ (64,529)	$ (59,281)	$ 1,007,863
Other Internally Restricted Funds						
Begin Estate	3,946	45	-	-	-	3,991
Ferris Estate	33,618	383	-	-	-	34,000
Herb Bassett Home Chapel	3,959	45	-	-	-	4,004
Poole Estate	21,341	243	-	-	(21,584)	-
Information Technology	115,604	1,316	-	-	-	116,920
Renal	49,826	567	-	-	-	50,393
Smith Estate	84,728	964	-	-	-	85,692
Tadman Estate	27,932	318	-	-	-	28,250
Watsang Estate	12,112	138	-	-	(3,808)	8,441
Herresevele	-	2	5,000	-	-	5,002
Capital Purchases fund	3,503,288	22,800	608,559	-	-	4,134,647
NSL Roof and Floor Repair	-	466,000	-	-	(320)	465,680
Student Residence	1,911,961	12,443	-	-	(1,573,674)	350,731
Total Internally Restricted	**$ 6,811,164**	**$ 516,573**	**$ 691,074**	**$ (64,529)**	**$(1,658,668)**	**$ 6,295,614**

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Schedule 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF:

BOARD MEMBER REMUNERATION
for the year ended March 31, 2016

	2016							2015
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Abrametz, B	$ 9,960	$ 11,633	$ 2,138	$ 4,208	$ -	$ 1,118	$ 29,057	$ 27,410
Bender, M		5,075	475	4,954		196	10,700	-
Code, D	-	4,825	363	620	-	172	5,980	5,801
Fee, B	-	2,200	775	1,170	-	89	4,234	3,614
Fladager, L		3,850	600	5,974		160	10,584	-
Kreese, M	-	7,038	2,213	8,687	-	66	18,004	10,302
Olson, J	-	925	325	548	-	39	1,837	6,782
Osmundson, G	-	1,350	350	543	-	-	2,243	5,950
Otterson, H	-	3,775	1,238	2,112	-	183	7,308	5,762
Schwab, S	-	1,575	775	1,166	-	71	3,587	3,867
Selanders, J	-	3,138	425	4,959	-	94	8,616	2,092
Sexsmith, R	-	-	-	-	-	-	-	867
Tanchuk, A		2,550	950	5,741		148	9,389	-
Total	$ 9,960	$ 47,933	$ 10,625	$ 40,682	$ -	$ 2,335	$ 111,538	$ 72,449

AUDITED FINANCIAL STATEMENTS

Schedule 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF:

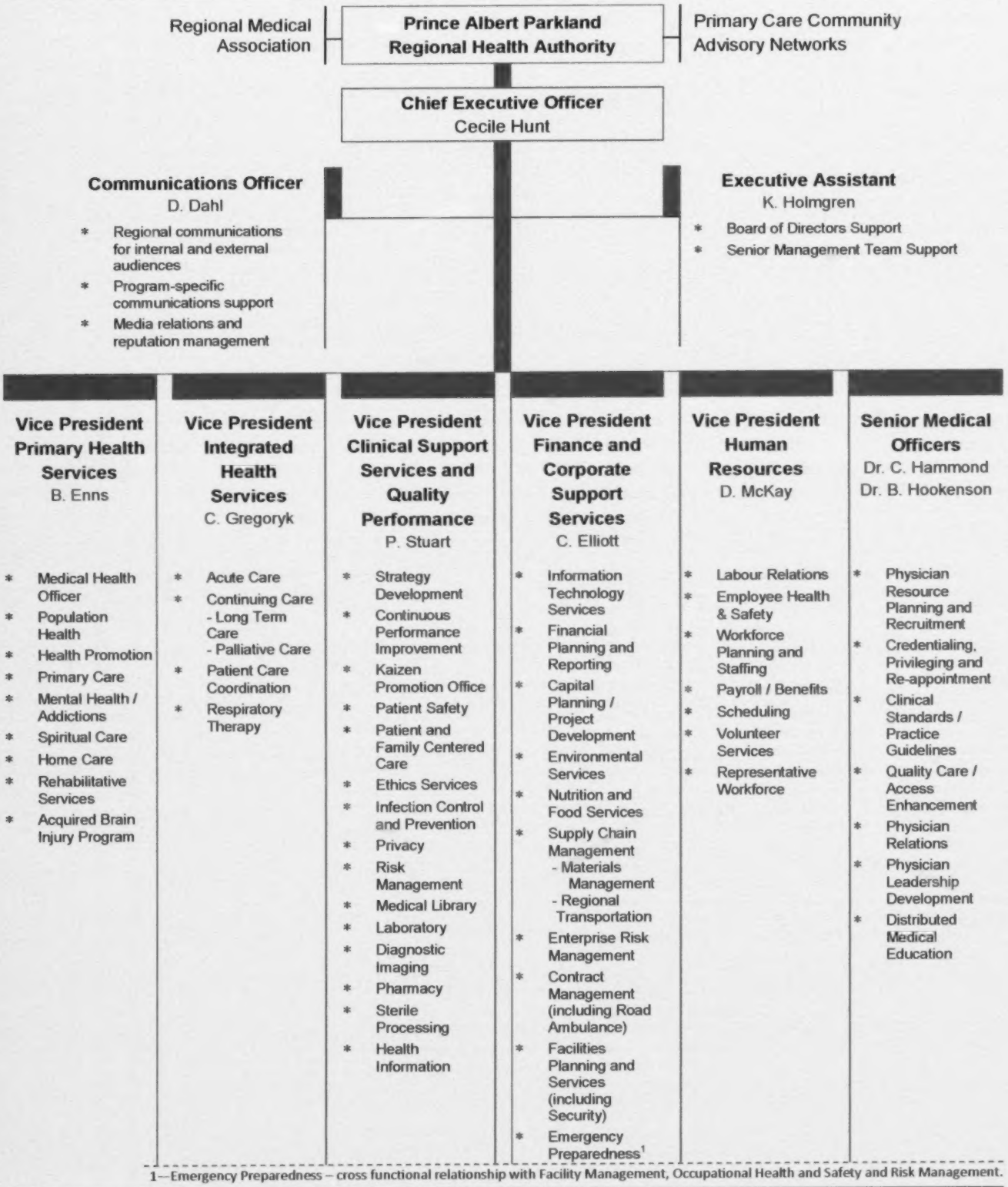
SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2016

	2016					2015		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cecile Hunt, CEO	$ 287,160	$ 4,984	$ 292,144	$ -	$ 292,144	$ 291,028	$ -	$ 291,028
Lynnda Berg, VP	-	-	-	-	-	206,507	-	206,507
Brett Enns, VP	156,301	60	156,361	-	156,361	-	-	-
Jamie Callahan, VP	77,470	60	77,530	-	77,530	200,603	-	200,603
Don McKay, VP	75,642	60	75,702	-	75,702	-	-	-
Cheryl Elliott, VP	163,710	60	163,770	-	163,770	156,011	-	156,011
Carol Gregoryk, VP	217,372	60	217,432	-	217,432	219,723	-	219,723
John Piggott, VP	40,132	60	40,192	-	40,192	182,342	-	182,342
Patricia Stuart, VP	188,460	60	188,520	-	188,520	175,678	-	175,678
Neil Falk, Director of IT	46,865	60	46,925	87,302	134,227	155,861	-	155,861
Doug Dahl, Communications Officer	92,785	60	92,845	-	92,845	89,884	-	89,884
Kathy Holmgren, Executive Assistant	65,128	60	65,188	-	65,188	64,939	-	64,939
Dr B Hookenson, Senior Physician Executive	227,652	-	227,652	-	227,652	204,702	-	204,702
Dr E Royeppen, Senior Physician Executive	-	-	-	-	-	141,479	-	141,479
Dr K Chokani, Medical Health Officer	280,105	-	280,105	-	280,105	375,349	-	375,349
Dr C Hammond, Senior Physician Executive	146,606	-	146,606	-	146,606	41,831	-	41,831
Total	$2,065,388	$ 5,584	$ 2,070,972	$ 87,302	$ 2,158,274	$ 2,505,938	$ -	$2,505,938

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

APPENDIX A—ORGANIZATIONAL CHART


Regional Medical Association
Prince Albert Parkland Regional Health Authority
Primary Care Community Advisory Networks
Chief Executive Officer
Cecile Hunt
Communications Officer
D. Dahl
* Regional communications for internal and external audiences
* Program-specific communications support
* Media relations and reputation management
Executive Assistant
K. Holmgren
* Board of Directors Support
* Senior Management Team Support
Vice President Primary Health Services
B. Enns
* Medical Health Officer
* Population Health
* Health Promotion
* Primary Care
* Mental Health / Addictions
* Spiritual Care
* Home Care
* Rehabilitative Services
* Acquired Brain Injury Program
Vice President Integrated Health Services
C. Gregoryk
* Acute Care
* Continuing Care - Long Term Care - Palliative Care
* Patient Care Coordination
* Respiratory Therapy
Vice President Clinical Support Services and Quality Performance
P. Stuart
* Strategy Development
* Continuous Performance Improvement
* Kaizen Promotion Office
* Patient Safety
* Patient and Family Centered Care
* Ethics Services
* Infection Control and Prevention
* Privacy
* Risk Management
* Medical Library
* Laboratory
* Diagnostic Imaging
* Pharmacy
* Sterile Processing
* Health Information
Vice President Finance and Corporate Support Services
C. Elliott
* Information Technology Services
* Financial Planning and Reporting
* Capital Planning / Project Development
* Environmental Services
* Nutrition and Food Services
* Supply Chain Management - Materials Management - Regional Transportation
* Enterprise Risk Management
* Contract Management (including Road Ambulance)
* Facilities Planning and Services (including Security)
* Emergency Preparedness[1]
Vice President Human Resources
D. McKay
* Labour Relations
* Employee Health & Safety
* Workforce Planning and Staffing
* Payroll / Benefits
* Scheduling
* Volunteer Services
* Representative Workforce
Senior Medical Officers
Dr. C. Hammond
Dr. B. Hookenson
* Physician Resource Planning and Recruitment
* Credentialing, Privileging and Re-appointment
* Clinical Standards / Practice Guidelines
* Quality Care / Access Enhancement
* Physician Relations
* Physician Leadership Development
* Distributed Medical Education

1—Emergency Preparedness – cross functional relationship with Facility Management, Occupational Health and Safety and Risk Management.

APPENDIX B—DIRECTORY

Big River

Big River Health Centre
220 1st Ave. North 306-469-2220
Or 306-469-2333
Facsimile 306-469-2193
Big River Home Care 306 469 4410
Big River Primary Health Care Clinic
..... 306-469-2055
Public Health Nursing 306-469-2505
Facsimile 306-469-2603

Birch Hills

Birch Hills Health Facility 3 Wilson Street
Birch Hills Primary Health Care Clinic
..... 306-749-3331
Facsimile 306-749-2440
Birchview Home 306-749-2288
Facsimile 306-749-2406
Director of Care 306-749-3565
Mental Health/Addictions 306-749-3302

Blaine Lake

Blaine Lake Primary Health Care Clinic
307 Main St. 306-497-2494
Facsimile 306-497-2557
Home Care 306-497-2664

Canwood

Whispering Pine Place 300 1st Ave. 306-468-2900
Facsimile 306-468-2199

Debden

Home Care 4 – 204 2nd Ave. East 306-724-2110

Hafford

Hafford Special Care Centre
and Primary Care Site
213 South Ave East 306-549-2108
Administration 306-549-2103
Facsimile 306-549-2104
Hafford Primary Health Care Clinic 306-549-2323
Clinic Facsimile 306-549-4660
Home Care 306-549-4266

Kinistino

Jubilee Lodge 401 Meyers Ave. 306-864-2851
Facsimile 306-864-3220
Kinistino Primary Health Care Clinic
..... 306-864-2212
Facsimile 306-864-3102

Leask

Home Care Hwy 40 306-466-2280
Wheatland Lodge 306-466-4949
Facsimile 306-466-2209

Leoville

Evergreen Health Centre 1st Ave 306-984-2136
Facsimile 306-984-2046

Shellbrook

Parkland Integrated Health Centre
Main office 306-747-2603
Facsimile 306-747-3004
PIHC Long-Term Care Facility 306-747-6840
Long-term care Manager's Office..... 306-747-6832
Long-term care Recreation 306-747-6841
Hospital Director of Care 306-747-6830
Home Care 306-747-6811
Public Health 306-747-6828
Addictions services 306-747-6815
Dietitian 306-747-6820
Mental Health 306-747-6813
Occupational Therapy - Pediatric ... 306-747-6822
Physical Therapy 306-747-6821
Director Primary Care 306-747-6818

Shellbrook Primary Health Care Clinic
206 2nd Avenue West 306-747-2552

Spiritwood

Home Care Area office, 400 1st East
..... 306-883-4266
Facsimile 306-883-4440
Public Health Nursing 306-883-4470
Facsimile 306-883-4440
Spiritwood and District Health Complex
400 1st East 306-883-2133
Facsimile 303-883-4440
Toll Free—Spiritwood 1-800-887-6251
Primary Health Care and Medical Clinic services
..... 306-883-4400
Addictions Services 306-883-4479
Community Mental Health Nurse 306-883-4462
Parent Support Worker 306-883-4463
Therapies 306-883-2133

APPENDIX B—DIRECTORY

Prince Albert

Access Place – Sexual Health Clinic
101 15 St East 306-765-6544

Acquired Brain Injury (ABI) Services
1521 6th Ave. West 306-765-6630
Facsimile 306-765-6657
Toll-free 1-866-899-9951

Addiction Services
Adult, Youth & Problem Gambling
2nd Floor - 101 15 St East 306-765-6550
Facsimile 306-765-6554
Toll Free 1-855-765-6550
Brief and Social Detox Centre
1200 24th St. West 306-765-6700
Facsimile 306-765-6701
Family Treatment Centre
1200 24th St. West 306-765-6375
Facsimile 306-763-4670

Dermatology
2345 10th Ave. West 306-765-6317

Diabetes Education Centre
1521 6th Ave. West 306-765-6464
Facsimile 306-765-6624

Dietitian Services
Community Dietitian 306-765-6590
Room 200 – 20 – 14th Street West
Diabetes Education Centre 306-765-6464
Public Health Nutritionist 306-765-6604
School Nutritionist 306-765-6609

fitLife Cardio-Pulmonary Rehab Program
Room 200, 20 14th Street West 306-765-6590
Facsimile 306-765-6594

Health Promotion & Education
1521 6th Ave. West 306-765-6641
Or 306-765-6627

Herb Bassett Home
1220 25th St West 306-765-6145

Home Care - Regional Office
Unit D – 4050 2nd Ave. West 306-765-2450

Lab Service Centre
South Hill Mall 306-765-6319

Mental Health Inpatient Services
Regional Mental Health Centre 306-765-6053

Mental Health Outpatient Services
Victoria Square—2345 10th Ave. W. . 306-765-6055
Facsimile 306-765-6349
Toll-free 1-888-765-6055

Pineview Terrace Long-term Care
1200a 24th Street West 306-765-6570

Prince Albert Parkland Health Region
Corporate Office— 1521 6th Ave. West S6V 5K1
..... 306-765-6400
Facsimile 306-765-6401
Communications 306-765-6409
Financial Services 306-765-6420
Regional Health Authority (Board) . 306-765-6400
Human Resources 306-765-6430
Facsimile 306-765-6431
Patient Safety and Quality Managers
..... 306-765-6499
Facsimile 306-764-4131
Privacy and Freedom of Information Officer
Spiritwood 306-883-4460
Volunteer Services 306-765-6010
Facsimile 306-763-2871

Public Health Inspection
1521 6th Ave. West 306-765-6600
Facsimile 306-765-6624
Medical Health Officer 306-765-6600

Public Health Services
2nd Floor, L.F. McIntosh Building,
800 Central Ave 306-765-6500
Facsimile 306-765-6536
Dental Health Educator 306-765-6502
Hearing Aid Plan 306-765-6520
Immunization Clinic 306-765-6510
Lactation Consultant 306-765-6506
Prenatal Classes 306-765-6510
Travel Health Clinic 306-765-6506

Therapies
Victoria Hospital 306-765-6126
Facsimile 306-765-6284

Victoria Hospital
1200 24th St. West 306-765-6000
Toll Free—Prince Albert 1-800-922-1834
Facsimile 306-763-2871

Victoria Hospital Foundation 306-765-6105
Facsimile 306-765-6120

APPENDIX C—HEALTH STATUS INFORMATION

This section includes a variety of data about the population health and health system performance of the Prince Albert Parkland Regional Health Authority. It includes data from Statistics Canada and the Canadian Institute for Health Information (CIHI). This data is used by the Prince Albert Parkland Regional Health Authority to identify strategic priorities for health care services, as well as developing population health plans with a variety of health system and community partners. Availability of specific data points varies by indicator, and not all data is available in a specific year.

Health concerns

Health indicator profile for specific health care concerns, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Arthritis[1]

	2010	2011	2012	2013	2014
Canada	16.1	17	15.4	15.9	16.5
Saskatchewan	19	18.4	18.4	16.4	16.7
PAPHR	20	24	21.6	25.5	24.2

Asthma[2]

Canada	8.5	8.6	8.1	7.9	8.1
Saskatchewan	8.2	8.6	9.8	7.3	8
PAPHR	9.2	11.4	9.4	4.4	8.2

Diabetes[3]

Canada	6.4	6.1	6.5	6.6	6.7
Saskatchewan	7.2	5.7	6.7	6.7	6.5
PAPHR	8.1	10.7	9.2	5.6	11

High Blood Pressure[4]

Canada	17.1	17.6	17.4	17.7	17.7
Saskatchewan	18.3	18.3	18.7	17.8	16.2
PAPHR	19.7	21.1	18.6	14.8	21

Mood disorder[5]

Canada	6.5	7	7.1	7.6	7.8
Saskatchewan	6.6	8.3	7.6	7.8	8.1
PAPHR	7	7.9	F	5.9	10.7

Notes:

1—Population aged 15 and over who reported that they have been diagnosed by a health professional as having arthritis.
2—Population aged 12 and over who reported that they have been diagnosed by a health professional as having asthma.
3—Population aged 12 and over who reported that they have been diagnosed by a health professional as having Type 1 or Type 2 diabetes. Diabetes includes females 15 and over who reported that they have been diagnosed with gestational diabetes.
4—Population aged 12 and over who reported that they have been diagnosed by a health professional as having high blood pressure.
5—Population aged 12 and over who reported that they have been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia.
F—Data is too unreliable to be published.

APPENDIX C—HEALTH STATUS INFORMATION

Health status indicators

Health indicator profile for specific lifestyle health status indicators, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Body mass index, self-reported, adult (18 years and over), overweight or obese[1]	2010	2011	2012	2013	2014
Canada	20	20.4	21.8	20.7	23.1
Saskatchewan	22.9	18.1	27.8	22	20.3
PAPHR	F	F	F	49.9	34.5
Current smoker, daily or occasional[2]					
Canada	20.8	19.9	20.3	19.3	18.1
Saskatchewan	22.8	23.8	20	22.8	20.5
PAPHR	26.6	30.2	25.4	22.1	24.1
Fruit and vegetable consumption, 5 times or more per day					
Canada	43.3	40.4	40.6	40.8	39.5
Saskatchewan	37.9	32.9	37.8	38.4	36
PAPHR	29.9	34.4	40.5	42	38.9
Heavy drinking[4]					
Canada			..	18.9	17.9
Saskatchewan			..	18.5	19.5
PAPHR			..	14.3	22.8
Physical activity during leisure-time, moderately active or active[5]					
Canada	6.5	7	7.1	7.6	7.8
Saskatchewan	6.6	8.3	7.6	7.8	8.1
PAPHR	7	7.9	F	5.9	10.7
Sense of belonging to local community, somewhat strong or very strong[6]					
Canada	65.4	64.8	66.1	65.9	66.4
Saskatchewan	72	72.4	73.8	71.5	74.7
PAPHR	64.1	71.6	68.2	64.9	75.5

Notes:

1—Body mass index is calculated by dividing the respondent's body weight (in kilograms) by their height (in metres) squared. According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is 25 to 29.99 (overweight); 30 or greater (obese).

2—Population aged 12 and over who reported being a current smoker. Daily smoker refers to those who reported smoking cigarettes every day. Occasional smoker refers to those who reported smoking cigarettes occasionally.

3—Indicates the usual number of times (frequency) per day a person reported eating fruits and vegetables.

4—A definition change was implemented in 2013 to conform with the WHO and Health Canada guidelines for Heavy drinking. Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year.

5—Population aged 12 and over who reported nature, frequency and duration of their participation in leisure-time physical activity.

6—Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong. Research shows a high correlation of sense of community-belonging with physical and mental health.

..—Not available

F—Data is too unreliable to be published.

APPENDIX C—HEALTH STATUS INFORMATION

Health status indicators

Health indicator profile for specific health status indicators, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Perceived health, very good or excellent[1]

	2010	2011	2012	2013	2014
Canada	60.1	59.9	59.9	59.4	59
Saskatchewan	57.3	56.8	56.9	58.8	60.9
PAPHR	52.2	48.6	51.3	56.8	49.4

Perceived health, fair or poor[1]

Canada	11.6	11.5	10.9	11	11.6
Saskatchewan	11.5	12.1	12.9	11.1	9.9
PAPHR	14	17.1	15.4	13.3	16.3

Perceived mental health, very good or excellent[2]

Canada	73.9	72.6	71.7	71.1	71.1
Saskatchewan	71.3	68.4	67.2	70.5	68.8
PAPHR	70.5	67.1	59.5	67.4	58.9

Perceived mental health, fair or poor[2]

Canada	5.3	5.6	5.7	6.3	6.3
Saskatchewan	5.1	6.8	7.2	7.4	5.1
PAPHR	6.1	6.4	8	10.1	6.9

Perceived life stress, quite a lot (15 years and over)[3]

Canada	23.5	23.6	22.7	23	23
Saskatchewan	19.3	18.5	19.5	19.6	20.3
PAPHR	16.3	19.6	17.5	13.9	14.3

Participation and activity limitation, sometimes or often[4]

Canada	28.5	..	33.7	31.7	32.6
Saskatchewan	29.9	..	36.9	31.9	34.4
PAPHR	36.1	..	40.9	34.8	41

Notes:

1—Population aged 12 and over who reported perceiving their own health status as being either excellent or very good or fair or poor, depending on the indicator. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.

2—Population aged 12 and over who reported perceiving their own mental health status as being excellent or very good or fair or poor, depending on the indicator. Perceived mental health refers to the perception of a person's mental health in general. Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in perceived health.

3—Population aged 15 and over who reported perceiving that most days in their life were quite a bit or extremely stressful. Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person or, in the case of proxy response, by the person responding.

4—Population aged 12 and over who reported being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last 6 months or longer.

..—Not available

APPENDIX C—HEALTH STATUS INFORMATION

Health status indicators

Health indicator profile for specific health status indicators, annual estimates, percentage of both sexes, ages 12 and older, Canada, Saskatchewan and Prince Albert Parkland Health Region (2013 boundaries)

Canadian Community Health Survey - Annual Component

Contact with a medical doctor in the past 12 months[1]

	2010	2011	2012	2013	2014
Canada	80.6	..	78.7	78.5	79
Saskatchewan	81.7	..	78.3	77.9	75.3
PAPHR	81.6	..	76.8	84.7	83.2

Has a regular medical doctor[2]

Canada	84.8	84.7	85.1	84.5	85.1
Saskatchewan	84.5	80.5	82.2	80.3	79.9
PAPHR	79.3	75.8	77.3	87.8	80.6

Influenza immunization, less than one year ago[3]

Canada	25.5	30.2	28.9	29.3	32.5
Saskatchewan	27.3	31.7	30.6	25.6	34.8
PAPHR	30.9	35	30.1	27.3	40.2

Wears a helmet when riding a bicycle, always[4]

Canada	37.3	..	..	41.5	42.5
Saskatchewan	24.1	..	..	19.7	24.3
PAPHR	20.5	..	..	22.2	11.9

Injuries in the past 12 months, sought medical attention[5]

Canada	7.9	..	..	8.2	8
Saskatchewan	8.7	..	..	8.5	8.7
PAPHR	10.2	..	..	9.8	10.9

Life satisfaction, satisfied or very satisfied[6]

Canada	92.1	92.3	92.4	91.7	92.2
Saskatchewan	92.8	92.9	92.2	93.4	94.4
PAPHR	93.4	92.7	91.9	89.9	90.4

Notes:

1—Population aged 12 and over who reported having consulted with a medical doctor in the past 12 months. Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists or psychiatrists. For population aged 12 to 17, includes pediatricians.

2—Population aged 12 and over who reported that they have a regular medical doctor. In 2005 and 2003, the indicator in French only included "médecin de famille". Starting in 2007, this concept was widened to "médecin régulier", which includes "médecin de famille".

3—Population aged 12 and over who reported when they had their last influenza immunization (flu shot).

4—Population aged 12 and over who reported that they always wore a helmet when riding a bicycle in the last 12 months.

5—Population aged 12 and over who sustained injuries in the past 12 months and who sought medical attention from a health professional in the 48 hours following the injury. Respondents aged 12 and over who sustained injuries in the past 12 months which were serious enough to limit normal activities. For those with more than one injury in the past 12 months, refers to "the most serious injury", as identified by the respondent. Repetitive strain injuries are not included.

6—Population aged 12 and over who reported being satisfied or very satisfied with their life in general. In 2009, the question on life satisfaction was changed from a five-point answer category to an eleven-point scale. A grouped variable was developed to provide a concordance between the two scales and is now the basis for this indicator. Please see the variable GENGSWL in the derived variables documentation.

..—Not available

APPENDIX D—PAYEE LIST

Payee Disclosure Requirements

Regions are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold is $50,000. Payees are to be sorted into the following four categories and include the following information:

- Personal Services - disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an "employee/employer relationship" is established. The amount paid includes the following:
    - *Salaries* - regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.
    - *Contracts* - the total amount paid (over the threshold) if an "employee/employer" relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a 'Supplier Payment'.
- Transfers - disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.
- Supplier Payments - disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an "employer/employee" relationship does NOT exist.
- Other Expenditures - disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

Appendix D—Payee List

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

AARRESTAD	DANITA	$63,666.71
ABBAS	RACQUEL	$67,040.50
ABRAMETZ	CATHRYN	$87,435.56
ADAMKO	KIM	$51,020.20
ADRIAN	CYNTHIA	$66,087.59
AHENAKEW	CONNIE	$50,723.74
ALARA	SAMUEL	$52,431.41
ALASAGAS	TITO MARI	$128,726.51
ALEY	LENDRA	$96,537.48
ALLEN	ALETA	$111,712.45
ALMEN	TANIA	$51,893.73
ALTENBERG	DIANNE	$61,804.54
ALVAREZ	D CHI MIN	$128,105.93
ALVAREZ	RICHARD	$70,998.47
AMUNDSON	LUCILLE	$92,627.32
AMYOTTE	JANELLE	$90,378.06
ANAKA	KIM	$96,272.06
ANDERSEN	CHELSEA	$60,585.33
ANDERSON	BRIAN	$55,977.96
ANDERSON	ERYKA	$76,647.93
ANDERSON	MICHELLE	$61,434.89
ANDERSON	PENNY	$64,494.14
ANDRE	BRENDA	$69,588.48
ANDRES	BONNIE	$81,467.21
ANTOINE	JANE	$105,172.04
ANTOINE	KYLIE	$67,822.06
ANTONSON	JENNIFER	$52,153.88
APPLEYARD	APRIL	$84,739.79
APRIL	SUSAN	$69,976.11
AQUINO	RONALD JA	$121,342.79
ARCAND	ROSEMARIE	$52,640.28
ARCAND	ROXANNE	$79,900.67
ARCHIBALD	CHRIS	$87,341.71
ARCHIBALD	PAMELA	$113,435.68
ARNOLD	TAMMY	$53,182.17
ASCHENBRENNER	JOANNE	$67,705.67
ASHIRU	ROSE	$74,871.30
ASHWORTH	SUSAN	$84,547.35
ASPLIND	JANICE	$54,761.29
ATCHESON	WANDA	$110,861.39
ATTA	PHILIS	$83,875.22
AUG	ANGELA	$87,012.10
AUG	DARCIE	$81,945.13
AUG	LAURA	$92,814.42
AUSTIN	CATHY	$54,549.55
AYINLA	RUKAYAT	$62,538.67
AZURE	MERISSA	$93,298.79
BADGLEY	STEPHANIE	$72,836.33
BAGLOLE	SHAUNA	$82,229.03
BAGONGON	IRVIN	$113,140.74
BAHM	ASHLEY	$67,296.23
BALICKI	VALERIE	$54,073.61
BALLANTYNE	TAYNA	$58,953.12
BANNERMAN	LORETTE	$114,951.88
BANNERMAN	MEGHAN	$51,725.17
BARCELONA	CAROLINE	$60,526.35
BARGEN	REBECCA	$90,445.63
BASARABA	CONNIE	$74,743.35
BASARABA	LAURA	$53,057.81
BASSENDOWSKI	SHANNON	$51,790.32
BATISARISARI	JUDY	$108,771.72
BATTY	DARLENE	$122,755.91
BAXTER	DEANNE	$52,712.07
BEAR	ALISON	$109,062.45
BEAR	MILDRED	$64,174.18
BEAUCHESNE	HEATHER	$81,240.28
BEAULAC	CHRISTINE	$73,435.24
BEAULAC	DANIELLE	$55,430.32
BEAULIEU	DOLORES	$87,082.33
BEDDOME	JUDY	$83,504.38
BEDI	DONA	$104,247.64
BEGRAND	AMANDA	$93,971.69
BEKKATTLA	COLLEEN	$97,973.95
BELAIR	CHELSEA	$77,809.94
BELAIR	KIMBERLY	$71,030.31
BELAIR	MARC	$66,351.78
BELISLE	SHIELEMAH	$71,240.24
BELL	DENISE	$88,967.92
BENDALL	DIANA	$56,233.52
BENNETT	LORNA	$57,649.39
BENSON	DONNA	$82,471.65
BENTZ	STACY	$73,511.04
BERES	CHELSEY	$96,993.84
BERG KOLODY	LISA	$132,065.11
BERGEN	KELLY	$75,834.94
BERGQUIST	CARLA	$76,738.23
BERGQUIST	JANICE	$50,467.99
BERKACH	TANISHA	$68,615.04
BERNIER	LOUISE	$54,978.09
BEST	ROBYN	$72,212.54
BIBBY	BRAD	$80,318.89
BILEC	JENNA	$60,985.64
BILLAY	M ELAINE	$54,161.26
BILLAY	ROBERT	$80,304.68
BIRCHAM	TABBATHA	$75,056.94
BIRD	ALICE	$94,016.43
BISSKY	AMANDA	$56,253.93
BISSKY	BORIS	$70,198.05
BLACKBURN	ANTHONY	$53,656.65
BLAHUT	DARCY	$81,477.42
BLAIR	MICHELLE	$97,993.94
BLAIS	JOAN	$72,036.26
BLANCHARD	ALANA	$68,809.45
BLECHINGER	CHARITY	$93,486.16
BLECHINGER	KEVIN	$83,598.96
BLOCKA	LYNN	$102,309.55
BOEHM	DEBRA	$55,387.76
BOISSON	SHERRI	$88,696.99
BOLOTNIUK	LORI LEE	$90,716.80
BONDOC	ALBERTO	$52,712.61
BONNE ANNEE	BRUNETTE	$72,489.64
BOOTH	JILL	$80,025.62

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

BOPARAI	NAVKERN	$66,466.93
BOROWSKY	HEATHER	$76,068.05
BORSTMAYER	DAWN	$83,313.55
BORUCH	HEATHER	$54,688.48
BOUVIER	AIMEE	$72,763.86
BOYCHUK	LOIS	$170,857.29
BOYKO	RILEY	$55,571.17
BRAATEN	CANDY	$85,208.31
BRAATEN	DEANNE	$82,179.95
BRAATEN	NAOMI	$53,991.31
BRAD	DONNA	$146,229.63
BRAHNIUK	CORINA	$77,397.75
BRAKE	BRENDA	$95,922.58
BRANDOLINO	BRANDY	$67,508.83
BRAY	WILLIAM	$78,210.67
BREKER	BRENDA	$79,804.15
BROOKS	COLEEN	$66,678.27
BROOKS	JOANNE	$95,214.35
BROOME	ERIKA	$78,128.19
BROWN	APRIL	$58,009.52
BROWN	DARLA	$70,723.98
BROWN	MARJORY	$92,725.14
BRUCE	ANGELA	$52,018.70
BRUCE	LYNN	$98,222.57
BRUNER	DONNA	$64,878.91
BRUNSCH	RANDI	$87,902.04
BRYDGES	JOANNE	$89,148.70
BUCKINGHAM	GAIL	$56,227.82
BUNDALIAN	CHARRY	$122,423.96
BURANT	JOANNE	$71,087.79
BURNIE ALLEN	P JILL	$85,830.65
BURNOUF	DEBRA	$83,325.72
BURWOOD	LINDA	$57,288.27
BUTTERFIELD	MARINA	$112,439.88
CABILAO	EVANGELIN	$99,651.91
CAGUIN	MERIAM	$60,503.74
CAISSE	SHELLY	$70,350.48
CALAYO	CLARISSA	$75,130.26
CALIAO	MARIA	$53,828.22
CALLAGHAN	DAWN	$84,255.39
CALLAHAN	JAMIE	$79,041.78
CAMCHE	ALLISYN	$84,211.96
CAMERON	DIANA	$78,506.77
CAMPBELL	LORRAINE	$95,207.78
CAMPONI	ROSA	$107,376.19
CARLSON	TRACY	$91,842.96
CARRIER	JANET	$65,724.44
CARRIER	MARLENE	$73,779.79
CARRIERE	SHELLY	$69,242.07
CARRUTHERS	GLENN	$131,752.44
CARSWELL	WHITNEY	$50,829.81
CASAVANT	MEGHAN	$76,043.98
CASSIDY	CHRISTIE	$53,957.69
CATRAL	IRIS ELLA	$115,967.59
CATTE	JENNIFER	$71,441.11
CHADWICK	JILL	$78,453.27
CHADWICK	SHERRI	$54,176.25
CHAGNON	MARLENE	$56,697.47
CHAMBERS	LISA	$82,776.61
CHARTRAND TRZASK	CHRISTINA	$77,467.49
CHATLAIN	SHELBY	$69,180.27
CHAUDHRY	ZUBAIDA	$236,193.61
CHAVEZ	CHRIZALYN	$112,763.91
CHAVEZ	MALCOLM	$100,618.98
CHEDOGI	MARIUSZ	$56,099.85
CHESTER	SHERI	$54,252.12
CHICOINE	MICHELLE	$54,786.21
CHORESCA	CHRISTIAN	$65,038.67
CHRETIEN	EVELYN	$89,963.85
CHRISTIANSEN	LORI	$90,206.45
CHRISTMANN	KIM	$95,740.55
CIMAFRANCA	MARIA CON	$50,079.52
CLARK	ALYSSA	$54,015.66
CLARK	JANET	$108,565.35
CLARK	RHONDA	$63,780.44
CLARK	SUZANNE	$51,973.34
CLARKE	GLENIS	$69,875.73
CLARKE	RHONDA	$51,783.32
CLARKE	SHARLENE	$62,526.43
CLARKE	TRINA	$77,391.60
CLIMENHAGA	DARCI	$109,438.14
COLLEY	CHRYSTAL	$50,522.63
COLLINS	SHARON	$65,066.19
CONDIE	TARENE	$72,609.65
COOK	DELPHINE	$79,738.79
COOK	DONNA	$93,080.55
COOLING	JERRILYN	$69,706.97
COOPER	SHEILA	$110,271.21
COPELAND	MAUREEN	$57,001.97
CORNELSON	KELLY	$94,533.23
COTTINGHAM	JASON	$63,399.96
COUTU	JAS	$91,545.66
COUTURE	PATRICIA	$104,333.34
COWIE	BONNIE	$55,595.31
COYLE	CATHERINE	$68,462.60
CRAIG	ANDREA	$67,012.05
CRAWFORD	ELEANOR	$55,541.82
CRAWFORD	SHELLEY	$93,082.38
CROSWELL	ROSEANN	$56,418.72
CROWE	JULIE	$53,869.26
CUNNINGHAM	MELISSA	$55,869.81
CUSTER	CARLENE	$58,131.15
CUTTING	EUNICE	$90,472.69
CYR	LINDA	$85,950.10
CYR	MICHELLE	$52,810.83
CYR	MURIELLE	$97,168.02
DAGENAIS	SHAWN	$89,712.38
DAHL	DOUG	$93,179.66
DALLMAN	BROOK	$87,553.21
DALLMAN	CORAL	$72,501.48
DALLMAN	JASON	$81,362.30
DANIELS	DORIS	$69,236.45

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

DAONGAM	RAI LIN	$76,581.11
DARBYSHIRE	DIANA	$53,675.95
DAVIDSON	ELBERT	$81,393.45
DAVIES	TRACIE	$87,284.92
DAVIS	DALE	$64,611.53
DAYTON	DAREN	$54,159.98
DE LARA	PRESSIE F	$189,834.21
DE LARA	RIQUE ALB	$85,323.32
DEFOREST	JACQUELIN	$78,202.90
DELAINEY	YVETTE	$71,346.56
DELI	HEATHER	$50,364.44
DELISLE	MARC	$106,872.55
DELPARTE	CORINNE	$86,773.08
DEMERS	BETTY ANN	$50,623.31
DEMERS	LINDSAY	$69,968.90
DENIS BLAIS	DIANNE	$98,572.91
DEOBALD	VIRGINIA	$53,606.01
DEPEEL	JESSIE	$52,453.48
DEVERS	MICHELLE	$78,568.39
DEWHURST	BONNIE	$75,517.52
DICKENS	TERESA	$66,156.78
DICKSON	CATHY	$54,013.41
DICUS	ESTELLE	$70,988.67
DICUS	MELANIE	$87,730.24
DIEHL	GAIL	$81,322.52
DISIEWICH	KAREN	$58,053.50
DOBRATZ	KRISTINA	$52,557.20
DOBROWOLSKI	MARK	$79,323.89
DONALD	HELEN	$115,536.87
DOOLEY	NIKKI	$89,755.93
DOROSH	TONI BRAI	$50,215.57
DORVAL	TWYLA	$76,454.00
DOUCETTE	DANA	$59,018.41
DOUCETTE	DELVENA	$56,242.38
DOUCETTE	FLORETTE	$120,921.02
DOUCETTE	MAUREEN	$81,340.21
DOWLING	DEANNE	$120,386.82
DRIESCHNER	ARLENE	$84,832.66
DRYKA-GAMMON	MELISSA	$71,041.59
DUBYK	DEBORAH	$55,966.66
DUNHAM	ASHLEY	$65,752.96
DUNN	ERIN	$99,803.15
DUPUIS	JOCELYNE	$81,018.05
DUPUIS	TRACY	$51,484.64
DURET	ALINE	$82,035.29
DUTKA	PATTI	$54,918.42
DYNNA	MAUREEN	$68,306.73
DZIAK	EWELINA	$108,874.68
ECALDRE	PETER	$127,340.48
ECHAVEZ	MARILOU	$89,503.55
EDMISON	JANE	$61,224.58
ELLIOTT	CHERYL	$164,753.47
ENNS	BRETT	$158,784.59
ENS	JODY	$64,355.02
EPP	ROBYNN	$75,908.05
ERICKSON	KRISTEN	$72,108.24
ERMINE	EDMUND	$65,569.95
ERMINE	PEARLINE	$53,026.12
ERTMAN	DEBORAH	$55,714.35
ERVICK	JILLIAN	$61,925.28
ESCUETA	JAN KEITH	$105,932.52
ESCURO	MICHELLE	$102,646.33
EVANGELISTA	NOMY	$109,644.49
EVANS	JODY	$83,286.04
EVANS	KATHY	$80,946.78
EVELEIGH	JENNIFER	$60,643.44
FABAY	ZENAIDA	$51,395.63
FABISH	MARILYN	$50,619.48
FAHLMAN	THERESA	$124,063.55
FALK	NEIL	$134,167.32
FALLOON	NADINE	$84,817.96
FAMULAK	KEVIN	$95,965.06
FARTHING	KRISTA	$127,195.70
FAVREAU	GLENDA	$80,120.25
FEATHERSTONE	TOBI	$75,767.47
FECYK	DIANA	$116,732.20
FEE	CHRISTAL	$75,025.68
FEHR	DARLENE	$56,418.28
FEHR	SHERYL	$66,323.10
FELSKE	BRENDA	$91,393.88
FENNIG	MICHELLE	$54,705.32
FERGUSON DODGE	KAREN	$57,076.24
FERLAND	BEVERLY	$102,832.79
FERNANDEZ	FE	$107,200.02
FERRIS	KAREN	$77,778.49
FERRIS	KARIN	$80,322.12
FESCHUK	JANINE	$64,086.12
FIDDLER	ALICIA	$50,127.20
FIDDLER	CHARITY	$75,169.34
FIDDLER	DANIELLE	$69,894.46
FIDDLER	SHAUNNA	$100,969.63
FIDDLER	TRACEY	$69,184.31
FIDLER	TAMMY	$50,234.36
FISHER	BARBARA	$103,630.30
FJELD	TERRY	$97,744.54
FLETT	SHAELENE	$92,908.22
FLEURY	MEGHAN	$93,203.88
FORD	AUDREY	$90,089.10
FOSTER	LYNDSAY	$127,434.52
FOSTER	WENDY	$62,129.03
FRANC	JOANNE	$106,777.72
FRANC BEAURIVAGE	LYDIA	$110,618.49
FRANCIS	REID	$110,916.60
FRANDSEN	JUDY	$56,417.20
FRENCH	BRENDA	$63,644.25
FRIESEN	CAMERON	$78,187.31
FRIESEN	CRYSTAL	$58,434.90
FRIESEN	LORI	$117,904.95
FRIESEN	REBECCA	$87,065.28
FRIESEN	TERRY	$112,937.04
FRISE	MARY ANN	$93,021.21
FUENTES	DIANA JEA	$110,519.71

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

FULLER	BONNIE	$105,222.04
FULLER	SHARON	$93,751.10
FURBER	CHRISTINE	$111,507.93
FYRK	KRISTIN	$67,435.69
GABOURY	ANGELA	$64,944.06
GAGNE	JENNIFER	$57,876.25
GALLINS	LORI	$76,531.31
GARCIA	ZENAIDA	$126,106.09
GAREAU	JACLYN	$51,395.40
GAREAU	LYNETTE	$65,578.63
GARRARD	STEVE	$74,888.37
GATIN	PEGGI LYN	$86,671.98
GAUDET	DEAN	$81,306.79
GAUDET	DORI	$118,827.34
GAVERONSKI	NANCY	$83,709.78
GEDDERT	DAWN	$108,161.32
GENCIANA	CAROL JOY	$144,681.54
GEORGET	ALDEN	$97,727.20
GERLACH	KAREN	$51,865.23
GERSTNER	LAURA	$59,769.98
GERSTNER	RAEANNE	$61,616.68
GERVAIS	DWIGHT	$134,925.91
GIBSON	HEATHER	$53,268.71
GILBERT	CHRISTA	$52,707.61
GILL	SARBRINDE	$56,072.11
GILLESPIE	ALISON	$89,144.36
GILLIS	TAMMY	$101,527.22
GILMOUR	JANEL	$66,713.24
GIZZIE	BREAN	$76,131.88
GLYNN	KATHY	$85,505.68
GOERTZEN BAIER	SHERRI	$72,809.54
GOLDING	TAINA	$94,430.75
GOLEZ	ANALYN	$50,874.81
GOLLER	SHELLEY	$104,202.62
GONZALES	LYRA	$89,473.72
GORDON	CATHY	$141,645.26
GORDON	SHANNON	$81,411.89
GREENWOOD	KELLY	$50,998.88
GREGORYK	CAROL	$218,549.91
GRENIER	KAREN	$68,598.33
GRIER	VANESSA	$85,457.01
GRIFFIN	SHARON	$130,420.94
GRIMARD	SHERLYN	$59,818.67
GRIMES	LISA	$89,826.88
GROENEN	HARRY	$72,653.28
GROVES	JACQUELIN	$101,908.71
GUEDO	BROOKE	$78,900.58
GUEST	JENNIFER	$69,401.34
GUITARD	MICHELLE	$95,808.39
GUNN	KAREN	$124,410.54
GUY	COURTNEY	$91,542.28
GYOERICK	ROBIN	$72,285.33
HADUIK	SHAUNNA	$57,868.87
HAIGHT	LISA	$52,793.40
HALCRO	QUENTIN	$102,649.04
HALDORSON	ELAINE	$52,507.74
HALL	ERIN	$74,095.99
HAMILTON	TRUDY	$102,700.00
HAMMOND	NEAL	$55,924.49
HANNOTTE	THERESE	$66,317.03
HANSEN	KRISSIE	$100,924.80
HANSON	MEGAN	$64,524.07
HARASYN	TANYA	$101,030.79
HAREUTHER	JENNIFER	$89,008.18
HARKER	WENDY	$72,725.67
HARRADENCE	LISA	$107,262.62
HARRIS	CINDY	$50,952.41
HARRIS	JACQUELIN	$60,371.61
HARRISON	KAREN	$51,886.84
HARRISON	LORAINE	$111,681.64
HART	LYLA	$127,033.63
HARVEY	AUDREY	$52,131.91
HATCH	JOY	$118,557.62
HATCH	SANDY	$51,236.67
HAWKES	TAMMY	$52,882.05
HAYDUK	KAREN	$82,723.84
HAYES	STACI	$58,105.89
HAYWARD	SUMMER	$56,446.55
HEBBLETHWAITE	JOANNE	$83,995.45
HEDLEY	LAUREN	$63,821.95
HEIDEL	SANDY	$63,403.16
HEIN	EDITH	$97,701.69
HEIN	GORDON	$90,467.79
HEINRICH	KAREN	$51,805.22
HELMUTH	LOVETTA	$97,628.99
HENRY	CYNTHIA	$60,000.00
HENRY	JADE	$55,950.88
HENSON	DANIELLE	$76,148.87
HERBERT	ASHLEY	$116,800.20
HERBST SUTOR	MICHELLE	$105,222.04
HEROUX	WENDY	$78,261.10
HERZOG	THEA	$52,307.68
HEWITT	BARBARA	$83,399.96
HICKS	CARRIE	$73,003.39
HIGGINS	GARRY	$69,821.93
HILLIER	SHELLEY	$114,122.67
HIPKISS	NADINE	$99,184.31
HJERTAAS	JUDY	$79,110.33
HNIDEK	FRANCES	$72,378.07
HODGSON	ADRIANNE	$74,457.40
HODGSON	JULIE	$53,118.48
HOLMEVIK	BONNIE	$50,423.15
HOLMGREN	KATHY	$65,278.04
HOLTZHAUSEN	TONY	$110,911.42
HONIG	COLLEEN	$62,767.49
HOPE	PENNY	$108,230.61
HOPE	TRACEY	$81,664.60
HORACHEK	KATELYNN	$100,666.01
HOWARD	PATRICIA	$61,205.72
HRADECKI	KIMBERLEY	$107,705.67
HRENYK	LORETTA	$88,790.68
HRYNUIK	KAREN	$79,778.83

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

HULL	JAMIE	$80,635.50
HUMPHREYS	SHEA	$62,830.65
HUNT	CECILE	$288,852.14
HUNTER	CHRYSTINA	$76,580.79
HUNTER	DARREN	$58,747.01
HUNTER	KATHRYN	$64,951.59
HUPAELO	MELANIE	$53,479.65
HURL	SHANNON	$53,613.48
HUXLEY	DENISE	$55,725.64
ISBISTER	SHERRY	$83,882.18
IVERSON	CATHY	$108,298.02
JABUSCH	KIM	$76,107.83
JACKSON	KYLIE	$72,530.08
JACOBS	KATHARINE	$67,798.77
JAHN	SONYA	$91,415.81
JALBUENA	ROMMEL	$98,456.35
JAMES	MANUEL	$115,425.85
JANZEN	LAURIE	$85,891.18
JENKINS	PATRICIA	$81,973.33
JENSEN	LAURA	$79,344.20
JEZOWSKI	JAMILYNN	$82,495.67
JOHNSON	DARLENE	$55,107.42
JOHNSON	DEBORA	$91,505.42
JOHNSON	GERALDINE	$75,313.93
JOHNSON	IAN	$87,443.93
JOHNSON	JENNA	$110,720.79
JOHNSTON	MERLE	$70,823.58
JOHNSTONE	CAROL	$55,687.57
JONASSON	ASHLEY	$53,343.52
JONES	HEATHER	$78,308.79
JONES	MONIQUA	$136,278.08
JOO	CHERYL	$89,352.85
JOSE	SWAPNA	$53,708.92
JUBILAN	ANN THERE	$105,464.33
JUDGE	ROSE LYNN	$55,880.82
JUSON	JOJAN PAU	$93,644.67
KAGLEA	COURTNEY	$57,539.49
KAJNER	CHELSEA	$79,288.57
KAMINSKY	DONNA	$94,156.16
KANIGAN	DANIELLE	$53,431.84
KAPTEIN	BECKY	$75,193.37
KARAKOCHUK	DENNIS	$132,452.90
KARDASH	JOHANNE	$108,735.91
KARPLUK	ABIGAIL	$107,866.77
KARPPINEN	LISA	$53,158.99
KARTES	SHIRLEY	$87,827.54
KAUR	SHARANJIT	$52,660.46
KAYTOR	DORI	$102,918.94
KAZMIRUK	ELOISE	$115,048.20
KENKE	KIMBERLY	$80,893.07
KENNEDY	JELAINE	$75,154.71
KENNY	SAMANTHA	$103,818.57
KENT	DEBBIE	$80,632.04
KERELUK	BRIGITTE	$50,411.23
KEYOWSKI	EVELYN	$57,752.02
KIBANOFF	CONSTANTI	$99,986.64
KILKENNY	SIAN-BARB	$75,695.88
KINAR	DEANNA	$86,970.08
KING	DARCI	$59,331.13
KITCHING	KAREN	$70,815.67
KITCHING	MELISSA	$104,869.54
KLUGHART	GARRY	$75,573.70
KLUGHART	MELISSA	$93,106.15
KNOUSE	JENNIFER	$69,706.73
KNOX	PHIL	$77,173.72
KNUDSEN	JENNIE	$74,264.99
KNUTSON	JANELLE	$107,506.84
KOBELSKY	RACHEL	$51,440.92
KOLENDRESKI	DWAYNE	$96,258.68
KOMAIKE	LOIS	$76,262.39
KONGAWI	AMANDA	$63,971.76
KOSIK	LEANNE	$55,023.34
KOSOLOWSKY	ASHLEY	$63,494.17
KOZOWY	DARLENE	$52,772.63
KRAHENBIL	MELISSA	$50,942.48
KRAUSS	DWIGHT	$88,983.07
KRAWEC	CARMEN	$99,319.21
KRSACOK	MARILYN	$86,261.84
KRUGER	KYSA	$50,636.34
KSYNIUK	DENISE	$53,743.92
KSYNIUK	MANDY	$76,632.41
KUKAC	CHARLINE	$87,544.40
KULAR	CHARANJIT	$71,304.54
KULLAR	NAPINDER	$55,084.96
KUTNIKOFF	JOANNE	$58,860.86
KWIATKOWSKI	BRENDA	$93,957.65
KWOK	JOANNE	$146,283.90
KYEI	JOYCE	$131,525.42
LABIUK	PEARL	$58,780.35
LADEZA	REYNALDO	$147,338.05
LADOUCEUR	NATALIE	$110,069.41
LAI	YUN	$111,697.45
LAJEUNESSE	JOANNE	$113,636.92
LAJEUNESSE	LEANNE	$55,227.39
LALONDE	MARIE ANN	$91,363.55
LAMBIRIS	RICHELLE	$51,372.23
LAMOTTE	RANDI	$76,176.63
LANG	BRIDGETTE	$85,237.74
LAROCHE	TRENA	$109,506.44
LARSON	AIMEE	$78,397.30
LARSON	DEANNA	$97,553.22
LARSON	MEAGAN	$104,354.02
LAT PALISOC	MICHELL	$131,759.39
LAVENTURE	SHANNON	$55,694.61
LAVOIE	TRENT	$68,652.73
LAWSON	TAMMY	$95,147.37
LEADERHOUSE	JODI	$88,296.38
LEAHY	SHINEEN	$63,451.57
LEBLANC	NICOLE	$78,549.50
LECOMTE	HEIDI	$71,288.88
LEE	CONNIE	$70,785.40
LEEB	SONYA	$79,469.66

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

LEFEBVRE	WANDA	$95,681.92
LEHNER	NOLA RAE	$74,757.45
LEHOUILLIER	JENNIFER	$56,062.39
LEHOUILLIER	ROSEMARY	$53,813.75
LELAND	TRAVIS	$71,039.92
LEPAGE	ADRIEN	$121,749.29
LEPAGE	CHLOE	$74,948.36
LEPAGE	CHRISTINA	$89,044.71
LEPINE	ASHLEY	$76,956.03
LEPINE	LAURILLE	$70,659.52
LEPITZKI	MARGO	$57,689.51
LESCHYSHYN	CYNTHIA	$107,608.54
LESKO	CARLIE	$83,911.50
LESPERANCE	CATHLEEN	$63,207.58
LINDGREN	TAYLOR	$56,916.31
LINDSAY	THERESA	$60,378.90
LINKLATER	DANA	$82,215.14
LITTLE	JESSICA	$54,588.07
LIZEE	JASMENE	$85,517.76
LLOYD	KELLENE	$154,342.73
LLOYD	MARIA	$75,767.26
LOFSTROM	ERICK	$62,608.48
LOFSTROM	LAUREL	$72,013.04
LUEKEN	CAROL	$60,731.50
LUKIC	AMIRA	$56,130.09
LUKOWICH	ARLENE	$122,464.36
LUNDGREN	JUNE	$78,331.87
LYSITZA	CORINNA	$76,363.06
LYSITZA	SUSAN	$71,218.17
MACAULEY	MICHELLE	$64,636.62
MACDONALD	KAREN	$81,801.08
MACNEIL	BEV	$62,701.32
MADWID	DOREEN	$69,258.92
MAGNUSSON	EVA	$81,380.47
MAKELY	JANICE	$80,159.85
MALACH	KIRK	$73,129.26
MALE	CHARLENE	$77,449.25
MANGASER	LEILA	$128,479.73
MANSEAU	JEANNE	$58,189.09
MANSOOR	SADIA	$73,025.79
MANTE	RAYMOND	$82,349.36
MANTE	STEPHEN	$115,829.28
MARCIA	LAURA	$91,701.90
MARDELL	DAWN	$67,783.09
MARION	MELANIE	$92,466.50
MARSHALL	PATRICIA	$61,020.32
MARTENS	MICHELLE	$102,649.01
MARTENS	SONYA	$83,138.45
MARTIN	DIANE	$91,331.20
MARTIN	GINA	$69,876.24
MARTIN	KELLIE	$63,604.83
MARTIN	PAULETTE	$58,462.86
MARTINEZ	NANCY	$51,714.69
MASIGLAT JR.	PEPITO	$183,747.69
MASON	KAREN	$82,942.75
MASON	PAULINE	$84,827.42
MASUSKAPOE	CAROL	$76,049.94
MATHEIS	ELONA	$93,665.27
MATHEW	SUNIL	$59,674.40
MATHIASON	JILLEEN	$69,075.37
MATICE	MADELEINE	$71,243.17
MATURAN	RODRIGO	$59,141.26
MATURAN	ZOSIMA	$126,299.87
MAXIMIUK	RACHEL	$79,115.47
MAY	CHARLENE	$90,229.37
MCCALLUM	LAUREENA	$67,821.89
MCCANN	JOHN	$102,102.54
MCCOLM	MICHELLE	$76,868.90
MCCREADY	DEBORAH	$89,480.88
MCDAID	LEONA	$62,134.28
MCDONALD	ASHLEY	$72,618.96
MCDONALD	BARBARA	$113,154.80
MCEWEN	PATTY	$58,711.68
MCKAY	CORALIE	$77,400.33
MCKAY	DONALD	$76,452.33
MCKAY	LANETTE	$91,983.30
MCKINNON	LINDA	$91,576.26
MCKNIGHT	CHARMAINE	$71,016.83
MCLAUGHLAN	SYLVIA	$73,250.95
MCLEAN	LEANNE	$76,262.09
MCLEOD	DONNA	$93,179.32
MCLEOD	EILEEN	$95,334.35
MCLEOD	GLORIA	$101,210.58
MCLEOD	JOLENE	$91,349.59
MCMILLAN	TERESA	$101,611.14
MCMUNN	BRENDA	$98,793.48
MCNABB	ADAM	$79,524.81
MEIKLE	LYNN	$99,852.81
MEJIA	HANZEL	$95,367.13
MEJIA	KATRINA	$69,397.22
MENGELL	PHILIP	$64,388.73
MESIONA	LOURICYL	$77,980.35
METTE	CHERYL	$57,770.95
MEVILLE	JENNIFER	$51,595.68
MEYER	ROSALIE	$99,416.43
MEYERS	PAM	$82,663.04
MEYERS	SUSAN	$57,476.24
MIDDLEBROOK	CIARA	$55,110.34
MIDDLEBROOK	VALERIE	$57,822.93
MILBURN	MELISSA	$70,321.48
MILLER	ASHLEY	$87,537.42
MILLER	CHRISTINE	$79,044.08
MILLER	HEIDI	$56,518.35
MILLER	KIMBERLY	$81,340.74
MILLER	REBECCA	$65,121.37
MILLER	RENEE	$57,830.73
MILLER	RHONDA	$94,175.18
MILLER	TANYA	$115,454.43
MILLS	BRENDA	$65,938.01
MILLS	RAE	$90,661.56
MISCHUK	CONNIE	$98,950.90
MITCHELL	JAMES	$83,458.34

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

MITCHELL	SHARON	$59,146.80	NICKLAS	MARVIN	$93,928.86
MOMI	JASWINDER	$51,121.16	NOLAN	GWEN	$100,169.33
MONETTE	DANA	$77,888.62	NORDLI	HEATHER	$75,485.08
MONETTE	JUSTIN	$85,577.18	NOVAK	JACEY	$68,972.42
MONTGRAND	VICTORINA	$61,844.94	NSUNGU	HILDE	$52,189.93
MONTILLA	JOE	$91,232.23	NYIRONGO	DAYSHA	$69,276.82
MONTOUR	ELLEN	$59,264.84	OAKES	KYLA	$82,441.79
MONUS	TISA	$63,193.04	OBALDO	MARIA ANG	$123,268.26
MOORE	BILLY	$51,786.46	O'HARA	CAGNEY	$89,478.67
MOORE	MARGARET	$95,061.68	OLDE	STEPHEN	$112,495.75
MOORE	TROY	$103,971.24	OLIVER	LYNN	$90,014.72
MORASH	SHARLA	$85,334.50	OLMSTEAD	TAMMY	$57,478.28
MORETTO	AMANDA	$52,095.86	OLSEN	CORTNEY	$84,427.26
MORHART	RANDY	$64,350.44	OLSEN	LISA MARI	$77,438.77
MORIARTY	JUDY	$67,171.97	OLSON	SHARON	$74,319.64
MORIARTY	LINDA	$78,663.87	OLSON	SHERRY	$91,867.25
MORIN	TARA-LYNN	$55,849.76	OLSON	TIFFANY	$69,822.57
MORIN	WANDA	$54,388.17	OLTHUIS	KATHRYN	$83,609.09
MORITZ	ARLENE	$50,053.03	ORANGE	SHEILA	$52,608.68
MORLEY	MICHELLE	$90,549.53	OSECKI	HOLLY-ANN	$67,846.62
MORRISON	COLLEEN	$66,018.68	OTTE	BRYAN	$83,324.80
MORRISON	LAURIE	$87,225.43	OTTE	SHARON	$90,826.21
MORRISON	MICHAEL	$61,128.44	OTTERBEIN	SHIRLEY	$108,473.61
MORROW	EVA MARIE	$94,268.12	OTTO	CRYSTAL	$74,335.50
MOUROT	ROBIN	$88,649.85	OTTO	SAMANTHA	$53,364.81
MOYER	PATSY	$60,914.64	OXBY	ROSALYN	$80,167.69
MUGLESTON	LANNIE	$59,046.16	OZMUN	KRISTA	$53,702.49
MULLER	SHARON	$67,777.34	PAGUIO	JOANN	$98,307.53
MULLNER	CHARLES	$83,416.02	PAINTER	JUDITH	$81,885.05
MUMM	LORNA	$70,481.97	PALAGIAN	MAUREEN	$67,415.86
MUNAR	WILMA	$178,601.58	PALIDWAR	SHERRY	$53,841.82
MYCHAN	KARA	$61,974.23	PANGILINAN	MICHAEL A	$127,415.60
MYCHAN	SHANNON	$53,188.51	PANO	ANALYN	$53,275.28
NABESS	DEBRA	$78,038.12	PARADIS	JENNIFER	$51,765.59
NAGRAMA	TARCILA	$111,120.91	PARCHEWSKI	LYNNE	$53,584.98
NAGY	AMANDA	$57,544.63	PARCHOMCHUK	LYNN	$88,197.03
NAGY	SHIRLEY	$104,151.39	PARENT	EYVETTE	$115,037.98
NAHACHEWSKY	DONNA	$106,112.04	PARENT	KIM	$67,347.66
NAHORNIAK	CHARNELLE	$51,651.63	PARENTEAU	DEBBIE	$54,277.12
NAPPER	RAE ANNE	$67,821.08	PASCUAL	MARJORIE	$59,218.48
NATOMAGAN	CLAUDETTE	$88,050.49	PASTUCK	CHANTELLE	$111,907.51
NATOMAGAN	JADENE	$73,668.98	PATEL	RACHANABE	$59,022.44
NATOMAGAN	JOANNE	$60,657.28	PATOINE	STACEY	$76,312.67
NATOMAGAN	LINDSAY	$59,193.73	PATTERSON	MELANIE	$84,975.20
NAYTOWHOW	PATRICIA	$60,869.17	PAUL	CASSANDRA	$64,217.35
NELMES	ALLISON	$65,503.78	PAUL	CHANTELLE	$52,908.90
NELSON	CATHERINE	$80,888.40	PAUL	RENY	$74,588.82
NELSON	DARCIE	$95,158.77	PEARSON	ADAM	$102,387.87
NELSON	FAYE	$108,474.80	PEARSON	BRADLEY	$50,584.13
NELSON	JOSEPH	$69,673.84	PECHAWIS	JANELL	$59,567.74
NELSON	LORI	$91,085.13	PEEKEEKOOT	BETHANY	$69,601.73
NEUDORF	JESSICA	$51,652.61	PEEKEEKOOT	BROOKE	$84,532.68
NEUDORF	KELTY	$59,257.48	PELLETIER	SHEILA	$69,301.98
NEUDORF	RICK	$54,948.70	PELLETIER	TROY	$72,078.66
NEUFELD	LORNA	$73,846.50	PENNER	AMANDA	$77,263.51
NEWMAN	SHELLEY	$74,248.27	PENNER	GRACE	$93,148.11

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

PERALTA	EMMA	$98,633.20
PEREZ	MARIA ROS	$72,366.80
PERKINS	JO ANN	$82,290.12
PERSON	ANGELYNNE	$50,648.89
PERSON	BRENDA	$77,463.78
PETER	GALE	$111,455.11
PETERSON	NADINE	$64,478.74
PETTY	HAILEY	$76,463.51
PHANEUF	SHAWN	$105,982.05
PHILLIPS	JASON	$51,929.62
PHILLIPS	TARRA	$68,948.54
PIGUET	IRENE	$64,224.39
PIKALUK	JOAN	$64,322.70
PILON	GAIL	$70,832.60
PILON	TAMMY	$98,681.71
PIPER	SHIRLEY	$50,578.55
POCHA	BRITTNEY	$56,706.79
POETKER	PAT	$94,824.08
POGORZELEC	ELLEN	$73,213.75
POITRAS	STACY	$78,828.76
POLLOCK	CELESTE	$52,388.67
POPESCUL	JANELLE	$72,505.70
PORCINA	BRONWEN	$68,637.40
PORTER	BETH	$66,801.41
PORTER	PAMELA	$61,827.02
PORTER	TARA	$115,688.00
POTTER	COLLEEN	$85,692.40
POULIN	ALEXIS	$83,448.03
POULIN	IVY	$115,962.72
POULIN	KIM	$54,317.20
POULIOT	MARJORIE	$59,162.11
POWALINSKY	CHARLOTTE	$105,917.19
PRATT	BARBARA	$57,761.00
PRETE	CAROL	$90,445.74
PREYMACK	LEE ANNE	$50,441.80
PRICE	LAUREL	$50,250.00
PRICE	TRUDY	$53,510.45
PRIESTLEY MCALPI	DEBORAH	$110,798.69
PROUTY	CAITLIN	$90,784.66
PUETZ	LEAH	$100,124.96
QUITORIANO	ERMINDA M	$123,653.42
RABEJE	CHERYL	$115,599.70
RABUT	LAURIE	$77,104.47
RABUT	TRACY	$52,785.45
RALSTON	MARGARET	$132,140.72
RAMOS	JONATHAN	$66,160.08
RAMOS	MARIVIC	$81,004.97
RANCOURT	KRYSTAL	$79,338.18
RANCOURT	NICOLE	$77,946.54
RANDALL	BRENDA	$71,961.84
RANFORD	KELLY	$73,225.04
RASK	LINDSEY	$57,794.47
RASK	LYNN	$150,762.85
READ	MARCUS	$62,892.91
REDDEKOPP	DEZIRAE	$66,909.86
REED	COLLEEN	$77,809.90
REGNIER	ADELE	$87,921.90
REILLY	KRISTIN	$102,976.67
REIMER	DANIELLE	$91,823.23
REITER	DEBRA	$55,562.67
REMPEL	ELIZABETH	$76,153.51
RENAUD	JACQUES	$58,174.79
RENDEROS	CARMEN	$74,801.01
RENNEBERG	RAMONA	$50,869.21
RENNIE	BRIEANNE	$68,404.47
RENNIE	CORY	$84,144.11
RENOUF	CHRISTINA	$53,998.15
RENOUF	JESSICA	$83,118.68
REYNDERS	ALEXANDRE	$74,987.66
RHEAD	KRISTY	$107,691.79
RINDFLIESCH	MALIA	$77,052.53
RISHCHYNSKI	KATHY	$98,348.86
ROBINSON	BRENDA	$75,125.87
ROBINSON	SHERRY	$75,688.67
ROBINSON	TAMMY	$86,835.31
ROBINSON	TREVOR	$75,169.57
ROCHELEAU	ANDREA	$81,487.44
ROCK	LISA	$60,022.44
ROGERS	JOAN	$71,840.67
ROLLES	CORY	$91,944.81
ROMANCHUK	MONICA	$75,633.12
ROSALES	NONITA	$51,186.07
ROSS	ALANA	$107,700.98
ROSS	LONNIE	$64,882.18
ROSS	PAUL	$95,069.27
ROSS	PENNY	$73,888.75
ROSS	PETER	$93,880.92
ROTH	ALICE	$98,181.16
ROUSSON	AUDREY	$112,201.93
ROWE	TREVOR	$63,974.13
ROY	JEANNINE	$74,562.89
ROY	NICOLE	$70,948.19
RUMBAOA	PAUL CEDR	$108,747.80
RUSK	AMIE LEE	$56,372.06
RUSK	WANDA	$89,367.09
RUSZKOWSKI	ALISHA	$102,328.64
RUTHERFORD	LISA	$91,905.58
RYE	CHRISTINE	$60,071.14
RYHORCHUK	MEAGAN	$86,026.00
SABO	FAYE	$76,937.15
SAGARDIA SILVA	PAOLA	$54,975.18
SALZL	SARAH	$51,296.94
SAMUEL	HOLLY	$113,063.12
SAN JUAN	MARICEL	$94,148.81
SAND	DEREK	$72,273.94
SANDE	DANIELLE	$82,008.78
SANDER	BEVERLY	$114,875.43
SANDER	CORIE	$55,685.00
SANDERS	KENDRA	$75,041.29
SANDERSON	NICOLE	$61,173.66
SANSONE	CARMEN	$52,392.13
SANTIAGO	SUSAN	$53,994.59

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

SARCHUK	BRENDA	$106,779.19	SPADEMAN	JAMI	$56,321.33
SASS	KAREN	$50,141.06	SPECHT	KIRSTEN	$75,155.94
SAUVE	BARB	$86,426.71	SPENCE	LINDA	$66,704.17
SAUVE	JOCELYN	$72,718.74	SPICER	JOHN	$53,655.61
SAVAGE	SHAUN	$88,510.63	SPRIGGS	MYRNA	$50,073.92
SAWATSKY	ROXANE	$90,319.80	SPROAT	CHARLENE	$89,404.40
SAWCHUK	KELLY	$76,342.17	SRAON	KULJIT	$103,493.15
SAWICKI	MELISSA	$119,638.18	ST. AMAND	JAEDIN	$78,517.82
SCHOPP	ASHLEY	$105,924.56	STABNER	JANET	$123,225.33
SCHOPP	TARA	$102,544.85	STACEY	RYAN	$74,309.69
SCHUTTE	SHANNON	$90,920.45	STADNYK	ELIZABETH	$101,658.89
SCRIVENER	DIANE	$132,053.64	STADNYK	LORI	$82,669.85
SEGBERG	VIVIAN	$50,766.82	STAHL	LISA	$81,664.14
SEIDLE	DEBBIE	$60,543.50	STAHL	SARA	$74,664.77
SEMENOFF	JENNIFER	$52,483.65	STARBLANKET	LEANNE	$80,888.34
SENINA	KRIZIA LE	$124,958.26	STARK	STACI	$93,588.90
SERFAS	DENNIS	$74,050.67	STEELE	MARIE	$51,482.77
SETTEE	TINA	$73,847.34	STEFANSKI	ELIZABETH	$75,435.35
SEVIGNY	KENDRA	$76,352.93	STEFANYSHYN	CARI ANN	$101,988.63
SEWAP	LORRAINE	$60,584.87	STENE	MICHELLE	$70,255.30
SEYI-AJAYI	MIDE	$68,584.34	STENE CONNELL	TANYA	$65,351.31
SHEK	RITA	$97,263.41	STENSKE	TINA	$93,465.69
SHEPPARD	ANGIE	$65,751.72	STENZ	EDELTRUD	$85,371.93
SHERWIN-SHIELDS	ALACIA	$69,714.43	STEPHEN	DONNA	$54,374.76
SHORT	AMANDA	$86,600.75	STEVELY	VIVIAN	$71,730.08
SHORT	CARLA	$65,646.74	STEVENS	ALECIA	$51,100.43
SHORT	NOREEN	$66,482.93	STHAMANN	MICHELE	$70,428.91
SIEGEL	BRENNA	$79,502.71	STIEB	BEATRICE	$58,131.07
SIMONAR	AMY	$54,383.70	STIEB	LEE	$75,144.22
SIMS	LINDA	$121,040.45	STOBBS	BARBARA	$50,248.40
SINCLAIR	MONICA	$69,863.81	STOBBS	LAURIE	$59,278.04
SINCLAIR	PAMELA	$81,193.95	STOCKI	JULIE	$84,132.00
SINGH	KULWINDER	$75,913.97	STOROSCHUK	NICOLE	$71,472.58
SKARPINSKY	BETTY	$107,216.75	STRANDBERG	JOEY CHRI	$108,475.12
SKAUGE	PATRICIA	$53,466.78	STRATYCHUK	MICHELLE	$76,153.75
SKIBINSKY	DEBBIE	$84,275.52	STREET	MICHELLE	$94,790.16
SKIFFINGTON	RIKKI	$94,765.33	STROMAN	LIBBY	$58,945.43
SKINNER	MICHAEL	$77,788.70	STUART	PATRICIA	$188,581.62
SLATER	DARLENE	$60,572.46	STUCKEL	ONNALEE	$105,952.04
SLETTEN	CINDY	$109,449.23	SUCHAN	ROXANNE	$85,100.99
SLOWENKO	SUNYOUNG	$90,578.05	SUCHORAB	CATHERINE	$103,458.98
SMALL	CRYSTAL	$72,037.26	SUCHORAB	FRANK	$112,392.91
SMITH	CARMA	$77,274.79	SUCHORAB	JENNIFER	$111,101.48
SMITH	DERRICK	$82,738.59	SUNIL	ANCY	$51,973.60
SMITH	JEANNINE	$105,137.54	SURABHI	ABHILASH	$69,553.07
SMITH	JENNIFER	$101,808.07	SURKAN	IDA	$102,926.04
SMITH	KATHRYN	$95,449.61	SURPRENANT	LORRIE	$99,737.60
SMITH	RAYLENE	$81,782.28	SWAIN	TRUDY	$71,053.20
SMITH	SHEILA	$88,223.69	SWAN	KATRINA	$71,332.07
SMITH OPSETH	VALERIE	$76,289.38	SWANSON	MARLENE	$83,645.22
SNOW	LOUISE	$51,745.96	SWENSON	RAMONA	$60,054.73
SOGZ	CARA	$96,931.85	SWITYK CONACHER	LARISSA	$88,398.99
SOMMERFELD	ANTONIA	$110,794.77	SY	ESTER	$52,321.19
SOMMERFELD	BRENDA	$54,406.76	SYLVESTRE	TYLA	$79,912.44
SONSIE	DANIEL	$74,196.61	SZABO	DALE	$95,500.69
SORENSON	CONNIE	$85,013.45	SZABO	HEATHER	$79,571.78

APPENDIX D—PAYEE LIST

PERSONAL SERVICES

SZESZORAK	SYLVIA	$58,700.58
TAIT	DARREN	$75,365.26
TAMAYO	LEA MYRTH	$94,656.35
TAMAYO	REX	$99,204.09
TAYLOR	BARBARA	$57,252.48
TAYLOR	DEBRA	$83,889.72
TAYLOR	JANINE	$50,111.85
TAYLOR	JEREMY	$83,599.63
TAYLOR	VICTORIA	$80,910.80
TEER	DONNA	$51,760.93
TEER	RACHELLE	$56,751.62
TEICHREB	BRADLEY	$71,636.65
TENKINK	JESSICA	$81,137.21
TESSIER	AMBER	$75,324.81
TETREAULT	LAURIANNE	$119,130.03
THERRIAULT	KRISTINE	$68,920.02
THESEN	BARBARA	$104,584.53
THOLL	BETTY	$97,037.19
THOMAS	KATHY	$64,469.16
THOMAS	YVETTE	$95,536.02
THOMMES	ANNA	$114,653.70
THOMPSON	DONNA	$74,870.73
THOMPSON	JAMIE	$76,504.98
THOMPSON	KIMBERLY	$82,208.64
THOMPSON	TANNICE	$114,305.66
THORESEN	CHARLENE	$53,088.17
TILFORD	TOM	$86,740.32
TILSLEY	SHAWN	$57,725.29
TOLLEY	JORDYN	$53,877.73
TOLOFSON	ALANNA	$68,875.77
TOMIAK	ASHLEY	$62,866.06
TONER	KIMBERLEY	$69,199.81
TOUROND	LORI	$75,813.92
TOYE	COLLEEN	$100,549.38
TRAVERSE	AMBER	$62,544.56
TREFRY	SHELLY	$56,327.66
TRUEMAN	CAROL	$163,945.69
TUCKER	NOLA	$83,257.44
TUCKER	SHELBY	$73,160.17
TUKE	CASSANDRA	$76,165.56
TUPPER	ELISE	$94,922.17
TURGEON	CHERYL	$54,902.97
TURNER	IRENE	$84,800.64
TWEIDT	PAMELA	$55,457.03
TWEIDT	ROBYN	$85,916.82
TYNDALL	JACINDA	$51,759.76
UDEY	CAROLYN	$89,817.30
ULCH	GWEN	$97,539.27
ULVILD	BRENT	$55,210.13
UMPHERVILLE	ALEXANDRA	$63,573.83
UMPHERVILLE	JANENE	$67,037.24
UNAH	THERESA	$76,123.74
UNRUH	JILLIAN	$53,038.09
URSU	SHIRLEY	$53,845.81
VACCA	JULIE	$63,933.66
VACHON	CHARLES	$76,736.24
VALUCK	DONNA	$58,373.88
VAN DYCK	CAROLINE	$71,016.33
VAN METRE	KIMBERLY	$52,773.09
VAN OTTERLOO	MELISSA	$86,631.98
VANDALE	RONALDA	$56,142.28
VANSIL	HEATHER	$76,421.55
VANSIL	LEANNE	$59,158.76
VARGAS	ANGELICA	$54,313.12
VELLACOTT	JOYCE	$71,181.83
VERMETTE	CHASITY	$100,015.44
VERMETTE	TRACY	$165,026.60
VEZEAU	JUNE	$95,993.37
VILLAMAR	JULIUS	$105,658.20
VILLAMAR	MA CARLIA	$129,087.41
VILLAROSA	ELMER	$56,637.57
VILLELLA	JOE	$51,244.37
VONESCHEN	YVONNE	$97,764.47
WALKER	VICTORIA	$72,296.81
WALL	CYNTHIA	$85,571.09
WALLACE	TRACI	$109,977.41
WALLIN	LISA	$74,526.04
WALTERS	JACKIE	$104,207.81
WANG	YU LI SAM	$72,808.13
WARKENTIN	BARBARA	$113,641.18
WARKENTINE	SONJA	$76,489.91
WARRINER	NOVA	$53,974.51
WASON	RICHELLE	$73,911.80
WASYLYSHYN	SHELLEY	$101,062.64
WATSON	NAVDEEP	$92,398.11
WATT	JANELLE	$71,628.84
WATT	MAXINE	$97,838.71
WEBER	PAT	$57,427.98
WEBSTER	KAILAH	$80,767.97
WEGER	CHERYL	$113,319.28
WEINRICH	BETTE ANN	$75,951.44
WELTER	MACKENZIE	$77,050.77
WEST	KIMBERLY	$108,373.25
WEST SHARP	PAMELA	$82,405.50
WHEELER	KYLA	$63,745.39
WHITE	LEAH	$92,940.14
WHITE	MILLICENT	$73,065.93
WICK	DEBORAH	$65,278.00
WIEBE	KRISTA	$55,047.61
WIEDERSPICK	MILDRED	$94,935.21
WIEGERS	MARY	$62,519.65
WIENS	DEANNA	$75,455.19
WIESE	MELISSA	$92,795.49
WILCOX GELHORN	AMY	$50,775.89
WILLIAMS	LORRAINE	$96,631.05
WILLIS	KIMBERLY	$98,846.75
WILSON	CAROLINE	$51,950.22
WILSON	NATASHA	$57,294.66
WILSON	SHELLEY	$79,305.50
WINGE	DEBORAH	$105,297.04
WINGERTER	MELISSA	$54,748.08
WISEMAN	SHELLY	$91,623.70

Appendix D—Payee List

PERSONAL SERVICES

WISER	VALERIE	$74,870.37	YUTING	ROCHELLE	$87,360.60
WOLLMAN	KALIN	$50,809.40	YUZDEPSKI	ROBYN	$82,737.09
WOODEN	DIANA	$77,143.24	ZAGIEL	LYNDA	$72,539.30
WOTHERSPOON	MURRAY	$82,079.57	ZAHARA	RICK	$54,571.30
WOTHERSPOON	SHERRY	$63,687.18	ZAKOWSKY	NICOLE	$112,974.60
WRIGHT	KATHY	$54,208.58	ZALESCHUK	RICHARD	$85,776.63
WRIGHT	KATIE	$71,346.61	ZANIDEAN	DARLENE	$94,611.96
WRIGHT	LOUISE	$51,492.77	ZAWISLAK	KIM	$86,572.79
WYAND	RON	$80,624.27	ZBARASCHUK	KELLY	$76,026.65
WYKES	CAROL	$53,939.20	ZDRILL	SAMANTHA	$59,431.43
YAP	LOWIL	$60,860.24	ZELOWSKY	SUSANNE	$112,851.46
YOUNG	ALEXANDRA	$79,870.09	ZENTNER	NEIL	$123,955.08
YOUNG	KRYSTAL	$53,748.95	ZIMMERMAN GLEW	NANCI	$73,492.31
YOUNG	MATTHEW	$101,989.62	ZORN	ALYSSA	$73,230.21
YOUNG	TYLA	$66,060.76	ZWACK	MONIQUE	$95,369.35

TRANSFERS

BLAINE LAKE AMBULANCE CARE	$458,552.56	P.A.MOBILE CRISIS UNIT	$81,503.92
CANADIAN MENTAL HEALTH ASSN	$254,489.28	PARKLAND AMBULANCE CARE LTD	$3,033,659.44
CO-OPERATIVE HEALTH CENTRE	$250,798.50	SHARE	$831,997.12
FAMILY FUTURES INC.	$164,347.16	SPIRITWOOD AMBULANCE CARE LTD	$1,120,301.42
MONT ST JOSEPH HOME INC	$8,514,000.42		

APPENDIX D—PAYEE LIST

SUPPLIER PAYMENTS

3130827 CANADA INC (CPDN)	$548,731.98
ABBOTT LABORATORIES LIMITED	$80,212.93
ABBOTT LABORATORY DIAGNOSTIC DIVISION	$242,191.80
ABBVIE CORPORATION	$73,889.09
ACCREDITATION CANADA	$58,905.91
ACKLAND GRAINGER - P.A	$70,144.35
AHEARN & SOPER INC.	$52,623.60
AIDS SASKATOON	$51,148.30
ALCON CANADA INC	$383,931.55
ALLERGAN INC	$54,621.00
AODBT ARCHITECTURE INTERIOR DESIGN	$217,981.00
ARI FINANCIAL SERVICES INC.	$291,320.06
ARJOHUNTLEIGH CANADA INC	$65,439.96
ASIIL ENTERPRISES LTD.	$162,620.53
ASSA ABLOY ENTRANCE SYSTEMS	$84,595.77
ASSOCIATED RADIOLOGISTS	$2,949,800.94
BARB BOWDITCH	$74,255.90
BARD CANADA INC	$74,639.76
BAXTER CORPORATION	$351,381.37
BECKMAN COULTER	$171,581.45
BIOMED RECOVERY & DISPOSAL LTD	$223,016.01
BRACCO IMAGING CANADA	$197,281.03
BUNZL CANADA INC.	$71,064.27
CANADIAN CORPS OF COMMISSIONAIRE	$1,253,401.59
CARDINAL HEALTH CANADA INC.	$773,230.98
CARPET WORLD	$65,296.72
CENTENNIAL FOODSERVICE	$160,638.44
CHERRY INSURANCE	$64,268.53
CHIEF MEDICAL SUPPLIES LTD	$83,707.69
CIBC WOOD GUNDY	$5,000,000.00
CITY OF PRINCE ALBERT	$448,700.38
COLD LINE REFRIGERATION HEATIN	$56,345.94
COMPUTRITION INC.	$81,157.77
COVIDIEN CANADA ULC	$455,468.08
CUMMINS WESTERN CANADA	$67,310.50
CUPE LOCAL 4777	$1,235,652.43
DELL CANADA	$173,049.70
DENIS ST. AMAND	$89,221.10
DEVERAUX DEVELOPMENTS LTD.	$1,322,254.49
DOMINION BIOLOGICALS	$56,384.70
DR MOSES OLAKANMI MEDICAL	$248,030.80
DR PEGGY LAMBOS MEDICAL PROF CORP	$465,396.42
DR. A. JANSE VAN RENSBURG	$146,859.06
DR. A. RAMJI	$470,411.42
DR. A.M. CHOKANI PODIATRY PROF	$190,450.00
DR. ADEL BEN SALEH	$53,130.12
DR. AJOGWU MEDICAL PROF CORP	$228,082.00
DR. ANITA TAJ MEDICAL PROF CORP	$389,502.52
DR. B. SILVEIRA MEDICAL PROF CORP	$490,776.16
DR. BAQIR-HUSAIN MEDICAL PROF	$395,058.66
DR. BRENDA HOOKENSON	$205,649.96
DR. C.E. CLARK	$462,100.34
DR. CARMEN MIRCEA	$477,247.65
DR. CECIL HAMMOND	$144,486.84
DR. CHRISTIE DE VILLIERS	$63,567.15
DR. CHRISTINE RYAN	$121,330.75
DR. COLIN GALLINS	$364,750.01
DR. COLLINS EGBUJUO MEDICAL PROF	$253,337.74
DR. CORNE S. SMITH	$292,843.65
DR. CYNTHIA NAIR	$510,836.66
DR. D. BULAT PROFESSIONAL CORP	$466,864.67
DR. D. MARTEN	$317,491.70
DR. E. MACIEL	$76,361.60
DR. EDWARD ODOGWU MEDICAL PROF	$296,543.71
DR. ERWIN DALMACIO CHAO	$66,791.50
DR. FARAI SENZANI	$105,057.68
DR. FERDIE SMIT	$430,142.41
DR. GREG OBRIGAVITCH MEDICAL PROF	$70,131.62
DR. JACOB STEYN	$144,120.23
DR. JACOBUS VAN DER MERWE	$239,400.68
DR. JAMES SAMSON MEDICAL PROF	$224,690.01
DR. JJJ VAN DER MERWE MEDICAL	$94,907.90
DR. JOANNE SIVERTSON	$493,472.81
DR. JOHAN WESSELS	$364,037.37
DR. JOHN RYE	$64,656.79
DR. K. SHUKLA	$96,369.60
DR. KATHLEEN LUMB	$476,165.52
DR. KHAMI CHOKANI MEDICAL PROF	$297,537.43
DR. KONYA SRIRAM, MEDICAL PROF	$77,309.42
DR. L J COERTZE MEDICAL PROFES	$324,122.42
DR. LILANIE COOPER	$404,828.72
DR. LINDSAY CRUICKSHANK NORTHE	$398,681.35
DR. M. DURUSSEL	$465,396.42
DR. M.Z. HUSSAIN	$92,893.61
DR. MARTIN VEITH	$392,128.63
DR. MATTHEW PARSONS	$182,721.26
DR. N.M. ARSIRADAM	$60,843.95
DR. O. MABADEJE	$481,787.64
DR. OLABODE IGE, MEDICAL PROF CORP	$94,279.55
DR. OMAR SHOKEIR	$381,966.23
DR. R. FRIESEN	$383,422.39
DR. R. ROYEPPEN MEDICAL PROF	$484,481.98
DR. R. SABARATNAM	$389,690.16
DR. RADU ILIE-HAYNES MEDICAL PROF	$60,886.82
DR. RASHID	$148,082.20
DR. RUTH O'CARROLL	$474,400.09
DR. S. BRIJALL MEDICAL PROF CORP	$489,602.64
DR. S.W. TECLEGIORGIS MED PROF	$275,276.92
DR. SANTHERAN MOODLEY	$495,412.79
DR. SYED ASIF ALI	$50,405.31
DR. T. MALHOTRA	$415,396.42
DR. TERRI PERSON	$285,314.34
DR. THANGAVELLI MEDICAL PROF	$55,525.74
DR. V. PAREKH MEDICAL PROF CORP	$98,573.83
DR. V. UDAYASANKAR MED PROF CORP	$482,888.12
DR. VICTOR ASEFA	$54,446.21
DR. Y. PILLAY	$474,274.69
DRAEGER CANADA	$109,564.15
DYNALIFE DX	$84,897.88
E.T. FLOORING	$62,894.03
ECONO LUMBER	$51,397.43
eHEALTH SASKATCHEWAN - LAB	$104,481.89

APPENDIX D—PAYEE LIST

SUPPLIER PAYMENTS

eHEATLH SASKATCHEWAN	$334,632.54
EMMANUEL ADEOYE OLUMIDE MEDICA	$208,523.64
F. ROSSOUW MEDICAL PROF. CORP.	$294,417.06
FISHER SCIENTIFIC LIMITED	$51,075.92
FLAMINIO CEILINGS & WALL SYSTEMS	$114,744.55
GE HEALTHCARE	$1,326,941.35
GOLDEN OPPORTUNITIES FUND INC.	$95,531.90
GRAND & TOY	$160,987.16
GREAT WEST LIFE	$730,661.88
GREENLAND WASTE DISPOSAL LTD.	$105,813.48
HEALTH SCIENCES ASSOC OF SASK	$190,403.68
HILL-ROM CANADA	$285,224.82
HOLOGIC CANADA LIMITED	$59,521.00
HOSPIRA HEALTHCARE CORPORATION	$992,816.44
INNOVATIVE COMMERCIAL INC.	$231,767.02
JAMES R. BROWN MED PROF CORP	$333,744.62
JOHNSON & JOHNSON MEDICAL PRODUCTS	$182,169.04
KAREN HARDER	$56,104.08
KCI MEDICAL CANADA INC	$167,659.71
KIN ENTERPRISES INC	$126,358.23
LEICA MICROSYSTEMS (CANADA) INC	$68,380.55
LINVATEC CANADA	$205,092.91
LIRA 3572377NA	$78,384.50
LOGIBEC INC	$63,704.51
MACPHERSON LESLIE & TYERMAN	$86,013.45
MARK WARNER	$76,590.00
MARSH CANADA LIMITED	$361,751.50
MASTERCARD	$202,099.11
MCKESSON CANADA CORPORATION	$1,328,431.98
MCKESSON DISTRIBUTION PARTNERS	$151,249.24
MEDICAL MART WEST	$52,031.50
MERCHANT LAW GROUP	$85,000.00
MEYERS NORRIS PENNY	$59,930.00
NEIL FALK	$73,442.08
NICOLE ENTERPRISES INC	$95,341.68
NORTH SASK. LAUNDRY & SUPPORT	$1,619,953.82
NOVARTIS PHARMA CANADA INC	$488,250.00
OLYMPUS CANADA INC.	$66,052.34
OXOID COMPANY	$60,489.93
PHILIPS HEALTHCARE	$660,597.09
PRAIRIE MEATS	$162,773.09
PRINCE ALBERT PARKLAND HEALTH - RBC	$363,361.45
PRINCE ALBERT PHOTOCOPIER LTD.	$176,392.04
PROVINCIAL MEDICAL SUPPLY	$103,530.00
RAPID REFRIGERATION & A/C	$58,803.87
RBM ARCHITECTURE	$380,896.50
RICHARD PYTLAK	$104,191.29
RNF VENTURES LTD.	$74,665.68
ROCHE DIAGNOSTICS	$190,175.22
S MARTINS MEDICAL PROF CORP	$490,049.65
SAAAZ GROUP	$60,604.95
SAPUTO MILK DIVISION	$249,314.42
SASK ENERGY	$641,008.85
SASK POWER	$1,555,090.36
SASK UNION OF NURSES-REGINA	$589,306.55
SASK WORKERS COMPENSATION BOARD	$1,397,933.82
SASKATOON HEALTH REGION	$62,015.53
SASKTEL	$467,843.12
SASKTEL MOBILITY	$138,327.99
SCHAAN HEALTHCARE PRODUCTS	$2,113,974.32
SELECT MEDICAL CONNECTIONS LTD	$366,566.93
SHRED-IT INTERNATIONAL	$63,677.96
SIEMENS CANADA LIMITED	$221,564.60
SISTERS OF THE PRESENTATION	$181,933.59
SMITH & NEPHEW INC	$124,272.54
SOLUTIONS STAFFING INC.	$848,365.68
SOUTHAMPTON-TRANE	$88,940.25
SRNA	$265,450.50
STERIS CANADA LIMITED	$148,283.70
STRYKER CANADA	$261,889.15
SUN LOCAL 62	$112,108.86
SUPREME BASICS PRINCE ALBERT	$125,304.64
SYNTHES (CANADA) LTD	$65,541.84
SYSCO FOOD SERVICES REGINA	$1,784,695.55
TELEFLEX MEDICAL	$117,025.07
THE STEVENS COMPANY LIMITED	$233,609.52
THORPE BROTHERS LTD	$249,567.49
TOWN OF SHELLBROOK	$249,472.92
TRAC HOLDINGS LTD.	$227,104.71
UCHE NWADIKE MEDICAL PROFESSIO	$259,012.97
VAN HOUTTE COFFEE SERVICES INC	$103,236.48
VITALAIRE HEALTHCARE	$171,966.08
VOCERA COMMUNICATIONS, INC.	$76,187.42
VWR INTERNATIONAL CO	$88,744.15
WALKER DR. AMANDA	$141,211.13
WBM OFFICE SYSTEMS INC.	$384,132.04
WESCO Distribution Canada	$59,629.08
WOOD WYANT	$263,847.91
ZEP FACTORY OUTLET	$113,848.26
ZIMMER BIOMET CANADA INC.	$678,825.34
ZIMMER OF CANADA LIMITED	$279,553.75

OTHER EXPENDITURES

MINISTER OF FINANCE	$76,186.26
MINISTER OF CENTRAL SERVICES	$881,446.67
PUBLIC EMPLOYEES PENSION PLAN	$261,314.21
RECEIVER GENERAL FOR CANADA- T	$39,913,008.01
3sHEALTH	$8,555,979.87
SHEPP	$18,994,513.83

REFERENCES

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Table 1: Service Volumes—Prince Albert Parkland Regional Health Authority (as of March 31 of the fiscal year), Data Source: Prince Albert Parkland Regional Health Authority Finance Department statistical information

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Chart 1: Workers' Compensation Board Monthly Accepted Claims, Prince Albert Parkland RHA. Data Source: WCB E1 Master Report

Chart 2: Blood and Body Fluid Exposures, PAPHR employees, physicians, student, by year. Data Source: WCB E1 Master Report

Chart 3: Back and Shoulder Injuries, PAPHR Victoria Hospital Nursing staff. Data Source: WCB E1 Master Report

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Chart 4: Prince Albert Parkland RHA Hand Hygiene Compliance Rate by Health Care Worker category (Acute Care). Data Source: Prince Albert Parkland RHA Infection Control Hand Hygiene Audits

Chart 5: Prince Albert Parkland RHA Hand Hygiene Compliance Rate for long-term care facility—all health care workers. Data Source: Prince Albert Parkland RHA Infection Control Hand Hygiene Audits

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Chart 6: Victoria Hospital Emergency Department Average Length of Stay for patients admitted to hospital 2016-2016. Data Source: 05-May-2016 cut of NACRS

Chart 7: Victoria Hospital Emergency Department Average Length of Stay for non-admitted patients 2015-2016. Data Source: 05-May-2016 cut of NACRS

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Chart 8: Victoria Hospital Emergency Department CTAS 3 Triage to Physician Initial Assessment. Data Source: NACRS data

Chart 9: Victoria Hospital Emergency Department CTAS 4 Triage to Physician Initial Assessment. Data Source: NACRS data

Chart 10: Victoria Hospital Emergency Department CTAS 5 Triage to Physician Initial Assessment. Data Source: NACRS data

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Chart 11: Average Wait time for service for PAPHR Adult Clients to see Psychiatrist, by severity of concern 2015-2016. Data Source: PAPHR Monthly Tracking

Chart 12: Average Wait time for service for PAPHR Child and Youth Clients to see Psychiatrist, by severity of concern 2015-2016. Data Source: PAPHR Monthly Tracking

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Chart 13: Age and sex-adjusted hospitalization rates for 6 Ambulatory Care Sensitive Conditions per 100,000 population, Saskatchewan, 2009-2014. Data Source: Saskatchewan Ministry of Health

Chart 14: Third Next Available Appointment average, by PAPHR Primary Care Clinic location - 2015-2016. Data Source: PAPHR Primary Health Care tracking

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Chart 15: Spiritwood Collaborative Emergency Centre Visits by Canadian Triage Acuity Scale, September 15, 2015-March 31, 2016 (N=1,266). Data Source: Prince Albert Parkland RHA Primary Care data.

Chart 16: PAPHR Home First Project MAPLe Score 2015-2016. Data Source: PAPHR Procura data

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Chart 17: Prince Albert Parkland Revenue and Expenditures comparison 2011-2012 to 2015-2016. Source – Prince Albert Parkland RHA audited financial statements for 2011-2012 to 2015-2016.

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Chart 18: Prince Albert Parkland RHA 2015-2016 Operating Revenues by Source. Source – Prince Albert Parkland RHA 2015-2016 audited financial statements Statement 2: Statement of Operations and Changes in Fund Balances.

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Chart 19: Prince Albert Parkland RHA 2015-2016 Operating Expenditures by Object Code. Source – Prince Albert Parkland RHA 2015-2016 audited financial statements Schedule 1: Schedule of Expenditures by Object.

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